

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066625

FILED
Mar 09, 2010
Secretary of State

Entity Name: ADULT MEDICINE CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

601 UNIVERSITY BLVD.
STE 207
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2208
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0853028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MIGUEL
296 FLAMINGO PT.N.
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: LOPEZ, MIGUEL
Address: 296 FLAMINGO PT N
City-St-Zip: JUPITER, FL 33458

Title: D
Name: LOPEZ, IRMA V
Address: 296 FLAMINGO PT N
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IRMA V LOPEZ MD

PRES

03/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date