

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066625

**FILED**  
**Mar 08, 2011**  
**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

**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

03/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date