

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000067467

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** SOUTH MIAMI CRITICARE, INC.

**Current Principal Place of Business:**

6200 S.W. 73RD ST.  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

DAVID C. BOAS CPA, PA  
11440 N. KENDALL DRIVE, SUITE 205  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 65-0859880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOAS, DAVID C CPA  
11440 N. KENDALL DRIVE  
SUITE 205  
MIAMI, FL 33176 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: DP  
Name: STARY, MICHAEL  
Address: 11440 N. KENDALL DR., 205  
City-St-Zip: MIAMI, FL 33176

Title: DVP  
Name: WALBERT, RICHARD  
Address: 11440 N. KENDALL DR. #205  
City-St-Zip: MIAMI, FL 33176

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: MICHAEL STARY

DP

02/28/2012

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

\_\_\_\_\_  
Date