


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 027 \*\*\*150.00

<b>DOCUMENT # P99000066801</b> 1. Entity Name <b>SOUTH FLORIDA MEDICAL CENTERS, INC.</b>	
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Principal Place of Business <b>100 S. PINE ISLAND ROAD SUITE 118 PLANTATION, FL 33324</b>	Mailing Address <b>100 S. PINE ISLAND ROAD SUITE 118 PLANTATION, FL 33324</b>
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**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0936912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADETULA, JIMI  
100 S PINE ISLAND RD  
#118  
FORT LAUDERDALE, FL 33324**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

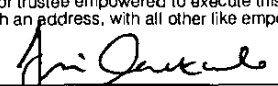
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADETULA, JIMI 100 S. PINE ISLAND ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELEBUTE, OLADIPUPO 100 S. PINE ISLAND ROAD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary ADETULA, ELLON 100 S. PINE ISLAND RD, #118 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jimi ADETULA** **4/2/08** **954 472 2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #