## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000066801

Entity Name: SOUTH FLORIDA MEDICAL CENTERS, INC.

FILED May 01, 2009 Secretary of State

Current Princi	pal Place of Business:	New Principal Place of Business

100 S. PINE ISLAND ROAD SUITE 118 100 S. PINE ISLAND ROAD SUITE 142

PLANTATION, FL 33324 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

100 S. PINE ISLAND ROAD SUITE 118 SUITE 142 PLANTATION, FL 33324 PLANTATION, FL 33324

FEI Number: 65-0936912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADETULA, JIMI
100 S PINE ISLAND RD
ADETULA, JIMI
100 S PINE ISLAND RD

#118 #142

FORT LAUDERDALE, FL 33324 US FORT LAUDERDALE, FL 33324 US

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: 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

Name: ADETULA, JIMI Name: ADETULA, JIMI

Address: 100 S. PINE ISLAND ROAD Address: 100 S. PINE ISLAND ROAD STE 142 City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name: ELEBUTE, OLADIPUPO Name: ELEBUTE, OLADIPUPO

Address: 100 S. PINE ISLAND ROAD Address: 100 S. PINE ISLAND ROAD STE 142
City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

Title: VP/S ( ) Delete Title: VP/S (X) Change ( ) Addition

 Name:
 ADETHLA, ELLON
 Name:
 ADETULA, ELLON

 Address:
 100 S. PINE ISLAND RD. #118
 Address:
 100 S. PINE ISLAND RD. #142

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIMI ADETULA PT 05/01/2009