

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066801

FILED
Apr 18, 2011
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0936912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADETULA, JIMI
100 S PINE ISLAND RD
#142
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

ADETULA, JIMI
100 S PINE ISLAND RD
#142
PLANTATION, 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:

Electronic Signature of Registered Agent

04/18/2011

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: ADETULA, JIMI
Address: 100 S. PINE ISLAND ROAD STE 142
City-St-Zip: PLANTATION, FL 33324

Title: VP
Name: ELEBUTE, OLADIPUPO
Address: 100 S. PINE ISLAND ROAD STE 142
City-St-Zip: PLANTATION, FL 33324

Title: VP/S
Name: ADETULA, ELLON
Address: 100 S. PINE ISLAND RD. #142
City-St-Zip: PLANTATION, FL 33324

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: JIMI ADETULA

PT

04/18/2011

Electronic Signature of Signing Officer or Director

Date