

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000076401

FILED
Sep 29, 2010
Secretary of State

Entity Name: MIDLAND MEDICAL INCORPORATED

Current Principal Place of Business:

1421 E. OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1421 E. OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-1112239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, BOB
1421 E. OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

SCHRIER, PAUL
1421 E. OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33334 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: PAUL K. SCHRIER

09/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RON, SPANN
Address: 2995 NE 15TH TERRAC
City-St-Zip: OAKLAND PARK, FL 33334

Title: D
Name: SCHRIER, PAUL K
Address: 11098 BISCAYNE BOULEVARD #208
City-St-Zip: MIAMI, FL 33161

Title: SD
Name: BEHAR, MAURICIO
Address: 1627 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33129

Title: D
Name: NEWMAN, DAVID
Address: 2470 TRAPP AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: D
Name: ROBERT, CARTWRIGHT A
Address: 5422 NW 21ST AVENUE
City-St-Zip: BOCA RATON, FL 33496 34

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: PAUL K. SCHRIER

D

09/29/2010

Electronic Signature of Signing Officer or Director

Date