

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081967

Entity Name: ACU-MEDICAL CENTER, INC.

FILED
Feb 19, 2011
Secretary of State

Current Principal Place of Business:

3411 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

New Principal Place of Business:

3459 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

Current Mailing Address:

3411 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

New Mailing Address:

3459 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

FEI Number: 65-0961908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORANY, SAID A AP
3411 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

KORANY, SAID A AP
3459 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436 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:

02/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KORANY, SAID A AP, DOM
Address: 5867 LA GORCE CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: GM
Name: KORANY, AHMED S
Address: 5867 LA GORCE CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: AM
Name: KORANY, MUHAMMED S
Address: 5867 LA GORCE CIR
City-St-Zip: LAKE WORTH, FL 33463

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: SAID KORANY

P

02/19/2011

Electronic Signature of Signing Officer or Director

Date