

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V51801

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** HANOVER MEDICAL SERVICES OF DADE, INC.

**Current Principal Place of Business:**

8180 DORAL BLVD  
SUITE 417  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8180 DORAL BLVD  
SUITE 417  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0376352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAZOZA & FERNANDEZ-FRAGA PA  
2100 SALZEDO SALZEDO ST  
STE 300  
CORAL GABLES, FL 33134 US

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

ARAZOZA & FERNANDEZ-FRAGA PA  
2100 SALZEDO ST  
STE 300  
CORAL GABLES, FL 33134 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

03/21/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MARTIN, FABIO  
Address: 4207 S.W. 134TH PLACE  
City-St-Zip: MIAMI, FL 33175

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: FABIO MARTIN

PRES

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date