

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52482

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** DELRAY MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

6646 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

6646 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446 UN

**Current Mailing Address:**

6646 WEST ATLANTIC AVENUE  
3RD FLOOR  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 65-0345079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABATES, GEORGE L  
6646 W ATLANTIC AVE  
3RD FLOOR  
DELRAY BEACH, FL 33346 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SABATES, GEORGE L  
Address: 6646 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33446

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: GEORGE L SABATES

PRES

02/10/2012

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

\_\_\_\_\_  
Date