

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67449

FILED
Apr 12, 2012
Secretary of State

Entity Name: COMPUTER MEDIC CENTER OF NORTH PALM BEACH, INC.

Current Principal Place of Business:

958 NORTHLAKE BLVD
WEST PALM BEACH, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

958 NORTHLAKE BLVD
WEST PALM BEACH, FL 33403 US

New Mailing Address:

FEI Number: 65-0411433 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUKOWSKI, ELENA S.
15838 76TH RD NORTH
LOXHATCHEE, FL 33470 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: P
Name: BUKOWSKI, DANIEL J.
Address: 15838 76TH RD N
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: TS
Name: BUKOWSKI, ELENA S
Address: 15838 76 ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: ELENA S BUKOWSKI

TS

04/12/2012

Electronic Signature of Signing Officer or Director

Date