

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603176

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** EDWARD A. KRINZMAN M.D., P.A.

**Current Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE, FL 33009

**New Principal Place of Business:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE, FL 33009

**New Mailing Address:**

2100 E. HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE BEACH, FL 33009

**FEI Number:** 59-1361446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRINZMAN, EDWARD A  
2100 E HALLANDALE BEACH BLVD.  
SUITE 401  
HALLANDALE, FL 33009 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRINZMAN, EDWARD A  
Address: 2100 E.HALLANDALE BCH BL  
City-St-Zip: HALLANDALE, FL 33009

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:** EDWARD KRINZMAN M.D.

M.D.

01/08/2010

Electronic Signature of Signing Officer or Director

Date