

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 672369

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** RICHARD H. POLLAK, M.D. P.A.

**Current Principal Place of Business:**

4595 N. MERIDIAN AVE.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4595 N. MERIDIAN AVE.  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 59-2009212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLLAK, RICHARD H  
4595 NORTH MERIDIAN AVENUE  
MIAMI BEACH, FL 33140 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: PVPS  
Name: POLLAK, RICHARD H  
Address: 4595NORTH MERIDIAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD  
Name: POLLAK, RICHARD H  
Address: 4595NORTH MERIDIAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

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: RICHARD H. POLLAK, M.D.

PRES

01/30/2012

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

\_\_\_\_\_ Date