

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697953

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** EDWARD F. SPIEVACK, M.D., P.A.

**Current Principal Place of Business:**

30 WEST HIGH POINT ROAD  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

30 WEST HIGH POINT ROAD  
STUART, FL 34996 US

**New Mailing Address:**

FEI Number: 59-2115822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEVACK, EDWARD F.  
30 WEST HIGH POINT ROAD  
STUART, FL 34996 US

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

SPIEVACK M.D., EDWARD F.  
30 WEST HIGH POINT ROAD  
STUART, FL 34996 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: EDWARD F SPIEVACK MD

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SPIEVACK, EDWARD F  
Address: 30 W HIGH POINT RD  
City-St-Zip: STUART, FL 34996

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 F SPIEVACK, M.D.

PRES

03/29/2011

Electronic Signature of Signing Officer or Director

Date