

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011134

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** ITZHAK NIR, M.D., P.A.

**Current Principal Place of Business:**

12989 SOUTHERN BLVD.  
SUITE 205  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

13005 SOUTHERN BLVD.  
SUITE 232  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

2281 GREENVIEW COVE DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NIR, ITZHAK M.D.  
2281 GREENVIEW COVE DRIVE  
WELLINGTON, FL 33414 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: PD  
Name: ITZHAK, NIR M.D.  
Address: 2281 GREENVIEW COVE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

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: ITZHAK NIR, M.D.

PD

01/03/2012

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

\_\_\_\_\_ Date