

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013417

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** BARRY J. WECKESSER, M.D., P.A.

**Current Principal Place of Business:**

916 EAGLE ISLE COURT  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 830  
OSPREY, FL 34229 US

**New Mailing Address:**

**FEI Number:** 20-4215617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 342057734 US

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

THE HEART INSTITUTE OF VENICE  
1370 EAST VENICE AVENUE  
SUITE 102  
VENICE, FL 34285 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: BARRY J. WECKESSER, M.D.

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: WECKESSER, BARRY J M.D.  
Address: P.O. BOX 830  
City-St-Zip: OSPREY, FL 34229 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: BARRY J. WECKESSER, M.D.

PVST

01/20/2011

Electronic Signature of Signing Officer or Director

Date