

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087864

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** STACY E. SEIKEL, M.D., P.A.

**Current Principal Place of Business:**

1118 S ORANGE AVE  
STE. 202  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

5979 VINELAND RD  
STE. 209  
ORLANDO, FL 32819 US

**Current Mailing Address:**

3870 TUCKS PT  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 20-5136893      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SEIKEL, STACY E MD  
3870 TUCKS PT  
WINTER PARK, FL 32792 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: DPTS  
Name: SEIKEL, STACY E M.D.  
Address: 3870 TUCKS PT  
City-St-Zip: WINTER PARK, FL 32792 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: STACY SEIKEL, MD

DPTS

01/10/2010

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

\_\_\_\_\_ Date