

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000146450

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ROBB WILENTZ, M.D., P.A.

**Current Principal Place of Business:**

20601 E. DIXIE HWY.  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

20601 E. DIXIE HWY.  
SUITE 300A  
AVENTURA, FL 33180 US

**Current Mailing Address:**

10758 GARDEN RIDGE COURT  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 20-5926210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGENER, DAVID L  
1111 PARK CENTRE BLVD  
SUITE 300  
MIAMI, FL 33169 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: P  
Name: WILENTZ, ROBB E MD  
Address: 1111 PARK CENTRE BLVD., SUITE 300  
City-St-Zip: MIAMI, FL 33169 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: ROBB WILENTZ, MD

P

01/05/2012

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

\_\_\_\_\_  
Date