

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031557

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** DR. MARINA KOTLYAR OD, P.A.

**Current Principal Place of Business:**

400 NE 12TH AVE #307  
HALLANDALE, FL 33009

**New Principal Place of Business:**

400 NE 12TH AVE  
SUITE 307  
HALLANDALE, FL 33009

**Current Mailing Address:**

400 NE 12TH AVE #307  
HALLANDALE, FL 33009

**New Mailing Address:**

1800 AVE L  
D7  
BROOKLYN, NY 11230

FEI Number: 26-2275565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOTLYAR, MARINA  
400 NE 12TH AVE #307  
HALLANDALE, FL 33009 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: KOTLYAR, MARINA  
Address: 400 NE 12TH AVE #307  
City-St-Zip: HALLANDALE, FL 33009

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: MARINA KOTLYAR

P

04/25/2011

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

\_\_\_\_\_ Date