

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04452

**Entity Name:** HARRY W. EICHENBAUM, M.D., P.A.

**Current Principal Place of Business:**

4320 CENTRAL AVE  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

4320 CENTRAL AVE  
ST PETERSBURG, FL 33711

**FEI Number:** 59-2040141

**Certificate of Status Desired:** Yes

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

AGING WELL ASSOCIATES  
4320 CENTRAL AVE  
ST PETERSBURG, FL 33711 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            EICHENBAUM, MARK SMD  
Address        4320 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33711

Title            MANA  
Name            PANAGIOTACOS, KATHRYN J  
Address        4320 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33711

*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:** MARK EICHENBAUM

**PRESIDENT**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date