

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000013417

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

**Current Principal Place of Business:**

916 EAGLE ISLE COURT  
OSPREY, FL 34229

**Current Mailing Address:**

P. O. BOX 830  
OSPREY, FL 34229 US

**FEI Number:** 20-4215617

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

*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, MD

PVST

01/12/2015

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

\_\_\_\_\_ Date