

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600314

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, INC.

**Current Principal Place of Business:**

PEDIATRIC ASSOCIATES  
4620 N. STATE ROAD 7 BLDG H SUITE 316  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

PEDIATRIC ASSOCIATES  
4620 N. STATE ROAD 7 BLDG H SUITE 316  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 59-1198552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDS, TERRY O  
% PEDIATRIC ASSOCIATES  
4620 N. STATE ROAD 7 BLDG H SUITE 316  
LAUDERDALE LAKES, FL 33319 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: CEO  
Name: SHULMAN, PETER MD  
Address: 2405 FRYER POINT  
City-St-Zip: FT LAUDERDALE, FL 33305

Title: S  
Name: OHRING, MARSHALL MD  
Address: 3621 NORTH 53RD AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: LIEBERMAN, M.D. G  
Address: 11600 ISLAND RD  
City-St-Zip: COOPER CITY, FL

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: ALAN BABITZ

CFO

01/05/2011

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

\_\_\_\_\_  
Date