

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601265

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** IRA JOEL ABRAMSON, M.D., P.A.

**Current Principal Place of Business:**

1745 NE 124 STREET  
NO. MIAMI, FL 331812719 US

**New Principal Place of Business:**

**Current Mailing Address:**

2345 MAGNOLIA DR  
NO. MIAMI, FL 331812224 US

**New Mailing Address:**

**FEI Number:** 59-1267759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAMSON,IRA JOEL  
1745 NE 124 STREET  
NO. MIAMI, FL 331812719 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: PSD  
Name: ABRAMSON,IRA JOEL, M.D.  
Address: 2345 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: VP  
Name: ABRAMSON, IRA J MD  
Address: 2345 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: D  
Name: ABRAMSON, IRA J MD  
Address: 2345 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: T  
Name: ABRAMSON, IRA J MD  
Address: 2345 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 331812224 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: IRA JOEL ABRAMSON MD

PSD

01/03/2012

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

\_\_\_\_\_  
Date