

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602047

FILED
Apr 28, 2012
Secretary of State

Entity Name: JAN S. HIRSCHFIELD, M. D., P. A.

Current Principal Place of Business:

11564 WOODBRIDGE BLVD.
#14
SEMINOLE, FL 33772 US

New Principal Place of Business:

3089 BRAELOCH CIRCLE E.
CLEARWATER, FL 33761 US

Current Mailing Address:

11564 WOODBRIDGE BLVD.
#14
SEMINOLE, FL 33772 US

New Mailing Address:

3089 BRAELOCH CIRCLE E.
CLEARWATER, FL 33761 US

FEI Number: 59-1289819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCHFIELD, JAN S M.D.
11564 WOODBRIDGE BLVD.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

HIRSCHFIELD, JAN S M.D.
3089 BRAELOCH CIRCLE E.
CLEARWATER, FL 33761 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

04/28/2012

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: HIRSCHFIELD, GWEN
Address: 3089 BRAELOCH CIRCLE E..
City-St-Zip: CLEARWATER, FL 33761 US

Title: PD
Name: HIRSCHFIELD, JAN S M.D.
Address: 3089 BRAELOCH CIRCLE E.
City-St-Zip: CLEARWATER, FL 33761 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: JAN S. HIRSCHFIELD M.D.

Electronic Signature of Signing Officer or Director

PRES

04/28/2012

Date