

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604191

FILED
Apr 20, 2010
Secretary of State

Entity Name: IRVING S. KOLIN, M.D., P.A.

Current Principal Place of Business:

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-1449973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOLIN, IRVING S., M.D.
1065 WEST MORSE BLVD.
ORLANDO, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT
Name: KOLIN, IRVING S., M.D.
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL

Title: SD
Name: KOLIN, IRVING S., M.D.
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL

Title: S
Name: KOLIN, ROCHELLE
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, 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: IRVING S. KOLIN, M.D.

PT

04/20/2010

Electronic Signature of Signing Officer or Director

Date