2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# 604191

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:

KOLIN, IRVING S M.D.
1065 WEST MORSE BLVD.
ORLANDO, FL 32789 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: IRVING S. KOLIN, M.D. 04/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT
Name: KOLIN, IRVING S M.D.
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: SD
Name: KOLIN, IRVING S M.D.
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: S
Name: KOLIN, ROCHELLE
Address: 225 TRISMEN TERRACE
City-St-Zip: WINTER PARK, FL 32789

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. PDTS 04/28/2011
Electronic Signature of Signing Officer or Director Date