

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 613309

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** SAYERS R. BRENNER M.D.P.A.

**Current Principal Place of Business:**

2027 ROSE STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2027 ROSE STREET  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 59-1883306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRENNER, SAYERS R  
2027 ROSE STREET  
SARASOTA, FL US

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

BRENNER, SAYERS R  
2027 ROSE STREET  
SARASOTA, FL 34239 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

03/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRENNER, SAYERS, R  
Address: 2027 ROSE STREET  
City-St-Zip: SARASOTA, FL 34239

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: SAYERS BRENNER, M.D.

PRES

03/14/2011

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

\_\_\_\_\_  
Date