2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 632004

BOCA RATON, FL 33496

City-St-Zip:

Entity Name: NORMAN WIESENTHAL M.D. P.A.

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
STE G6 #:	MPION BLVD 300 TON, FL 3349	6			
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
STE G6#	MPION BLVD 300 TON, FL 3349	6			
FEI Number	: 59-1932406	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
5030 CHA STE G6 #:	THAL, NORMAN MPION BLVD 300 TON, FL 3349	,			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered A	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NORMAN, WÌE 5030 CHAMPIC	N BLVD, STE. G6-300	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ZUCKER, FLOF	Delete RENCE N BLVD. SUITE G6-300	Title: (Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN WIESENTHAL PD 04/28/2009