

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 632016

**Entity Name:** JOSEPH H. FISHMAN, M.D., P.A.

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

609 LAKEVIEW RD.  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 LAKEVIEW RD.  
CLEARWATER, FL 33756 US

**New Mailing Address:**

18 AMBLESIDE DR.  
BELLEAIR, FL 33756 US

FEI Number: 59-1925848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISHMAN, JOSEPH H.  
609 LAKEVIEW ROAD  
CLEARWATER, FL 33756 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: DTP  
Name: FISHMAN, JOSEPH H., M.D.  
Address: 609 LAKEVIEW ROAD  
City-St-Zip: CLEARWATER, FL 33756

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: JOSEPH H. FISHMAN,MD

Electronic Signature of Signing Officer or Director

PRES

03/29/2010

Date