

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638444

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** DONALD S. FREEDMAN, M.D., P.A.

**Current Principal Place of Business:**

4063 SALISBURY RD #205  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4063 SALISBURY RD #202  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

480 BUSCH DRIVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-1937277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREEDMAN, DONALD S.  
4063 SALISBURY RD #205  
JACKSONVILLE, FL 32216 US

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

HUSEMAN, WILLIAM R ESQ.  
3733 UNIVERSITY BLVD. WEST  
STE 305A  
JACKSONVILLE, FL 32217 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: WILLIAM R. HUSEMAN

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FREEDMAN DONALD S.  
Address: 4063 SALISBURY RD #202  
City-St-Zip: JACKSONVILLE, FL 32216

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: WILLIAM R. HUSEMAN

RA

04/12/2011

Electronic Signature of Signing Officer or Director

Date