

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 660288

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** STEPHEN I. RIFKIN, M.D., P.A.

**Current Principal Place of Business:**

2 TAMPA GENERAL CIRCLE  
SUITE 6076  
TAMPA, FL 33606

**New Principal Place of Business:**

5035 W SAN MIGUEL ST  
TAMPA, FL 33629

**Current Mailing Address:**

5035 W SAN MIGUEL ST  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-1981478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIFKIN, STEPHEN I.  
5035 W SAN MIGUEL ST  
TAMPA, FL 33629 US

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

RIFKIN, STEPHEN I.  
5035 W SAN MIGUEL ST  
TAMPA, FL 33629 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: STEPHEN I RIFKIN

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: RIFKIN, STEPHEN I  
Address: 5035 W SAN MIGUEL ST  
City-St-Zip: TAMPA, FL 33629

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: STEPHEN I RIFKIN

PST

01/03/2011

Electronic Signature of Signing Officer or Director

Date