

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 665046

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** BRUCE L. BIGMAN, M.D., P.A.

**Current Principal Place of Business:**

C/O BRUCE L. BIGMAN, M.D.  
230 E. NEW YORK AVE.  
DELAND, FL 32724

**New Principal Place of Business:**

230 EAST NEW YORK AVE  
DELAND, FL 32724 US

**Current Mailing Address:**

C/O BRUCE L. BIGMAN, M.D.  
230 E. NEW YORK AVE.  
DELAND, FL 32724

**New Mailing Address:**

230 EAST NEW YORK AVE  
DELAND, FL 32724 US

**FEI Number:** 59-1978566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIGMAN, BRUCE L., M.D.  
230 E. NEW YORK AVE.  
DELAND, FL 32724 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIGMAN, BRUCE L  
Address: 230 E. NEW YORK AVE.  
City-St-Zip: DELAND, FL 32724 US

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: BRUCE L BIGMAN, MD

P

01/17/2012

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

\_\_\_\_\_  
Date