

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 685275

Entity Name: ERNST NICOLITZ, M.D., P.A.

FILED  
May 14, 2007  
Secretary of State

## Current Principal Place of Business:

1235 SAN MARCO BOULEVARD  
BAPTIST MED CTR OUTPT, #301  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1235 SAN MARCO BOULEVARD  
BAPTIST MED CTR OUTPT, #301  
JACKSONVILLE, FL 32207

FEI Number: 59-2020660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOLITZ, ERNST M.D.  
1431 CADDELL DR  
JACKSONVILLE, FL 322172302 US

## New Principal Place of Business:

7051 SOUTHPOINTPARKWAY  
THIRD FLOOR  
JACKSONVILLE, FL 32216

## New Mailing Address:

7051 SOUTHPOINT PARKWAY  
THIRD FLOOR  
JACKSONVILLE, FL 32216

## 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: DP ( ) Delete  
Name: NICOLITZ, ERNST, M D,  
Address: 1235 SAN MARCO BLVD, #301  
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete  
Name: NICOLITZ, ELIZABETH A  
Address: 1431 CADDELL DR  
City-St-Zip: JACKSONVILLE, FL 322072302

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NICOLITZ, ERNST, M D,  
Address: 7051 SOUTHPOINT PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ERNST NICOLITZ, M.D.

MD

05/14/2007

Electronic Signature of Signing Officer or Director

Date