

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 685275

FILED
May 14, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

Current Mailing Address:

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

New Mailing Address:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

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

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