2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# 685275

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

Current Principal Place of Business:

7051 SOUTHPOINTPARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

New Mailing Address:

7051 SOUTHPOINTPARKWAY
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:

NICOLITZ, ERNST M.D.
7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216 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: ERNST NICOLITZ, M.D. 01/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 MD 01/09/2008
Electronic Signature of Signing Officer or Director Date