

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685275

FILED
Jan 19, 2011
Secretary of State

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

Current Principal Place of Business:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

Current Mailing Address:

7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216

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.
7051 SOUTHPOINT PARKWAY
THIRD FLOOR
JACKSONVILLE, FL 32216 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
Name: NICOLITZ, ERNST, M D
Address: 7051 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

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

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: ERNST NICOLITZ, MD

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date