

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004577

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** JOEL MORGANROTH M.D., P.C.

**Current Principal Place of Business:**

1300 BEN FRANKLIN DRIVE UNIT 701  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1040 STONY LANE  
GLADWYNE, PA 19035

**New Mailing Address:**

**FEI Number:** 23-2148782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGANROTH, JOEL MD  
1300 BEN FRANKLIN DRIVE UNIT 701  
SARASOTA, FL 34236 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:** CPT  
**Name:** MORGANROTH, JOEL  
**Address:** 1040 STONY LANE  
**City-St-Zip:** GLADWYNE, PA 19035

**Title:** S  
**Name:** MORGANROTH, GAIL M  
**Address:** 1040 STONY LANE  
**City-St-Zip:** GLADWYNE, PA 19035

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:** JOEL MORGANROTH MD

CPT

01/03/2011

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

\_\_\_\_\_  
Date