

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16742

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** RONALD ROTH, M.D., P.A.

**Current Principal Place of Business:**

1824 SALK AVENUE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

1824 SALK AVENUE  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 59-2050916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTH, RONALD  
1824 SALK AVENUE  
TAVARES, FL 32778 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: DPT  
Name: ROTH, RONALD  
Address: 1824 SALK AVENUE  
City-St-Zip: TAVARES, FL 32778

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: RONALD ROTH

DPT

04/08/2012

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

\_\_\_\_\_ Date