

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68663

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** HILTON BECKER, M.D., P.A.

**Current Principal Place of Business:**

670 GLADES ROAD  
STE. 220  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

670 GLADES ROAD  
STE. 220  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 59-2163797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER, HILTON  
670 GLADES ROAD  
STE. 220  
BOCA RATON, FL 33431 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: PD  
Name: BECKER, HILTON MD  
Address: 670 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33431

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: HILTON BECKER

MD

02/17/2011

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

\_\_\_\_\_  
Date