

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01749

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** MICHAEL E. LUSTGARTEN, M.D., P.A.

**Current Principal Place of Business:**

% MICHAEL E. LUSTGARTEN  
834 E. OCEAN BLVD.  
STUART, FL 349942434

**New Principal Place of Business:**

MICHAEL E. LUSTGARTEN  
834 E. OCEAN BLVD.  
STUART, FL 349942434

**Current Mailing Address:**

% MICHAEL E. LUSTGARTEN  
834 E. OCEAN BLVD.  
STUART, FL 349942434

**New Mailing Address:**

MICHAEL E. LUSTGARTEN  
834 E. OCEAN BLVD.  
STUART, FL 349942434

**FEI Number:** 59-2215873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUSTGARTEN, MICHAEL E  
834 E. OCEAN BLVD.  
STUART, FL 33494 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: LUSTGARTEN, MICHAEL E  
Address: 834 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34994

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: MICHAEL E LUSTGARTEN, MD

DP

01/05/2011

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

\_\_\_\_\_  
Date