

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16824

FILED  
Mar 11, 2012  
Secretary of State

**Entity Name:** STEPHEN WISE UNGER, M.D., P.A.

**Current Principal Place of Business:**

% STEPHEN WISE UNGER, M.D.  
4302 ALTON RD 720  
MIAMI BCH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

% STEPHEN WISE UNGER, M.D.  
4302 ALTON RD 720  
MIAMI BCH, FL 33140

**New Mailing Address:**

**FEI Number:** 59-2249878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNGER, STEPHEN WISE, M.D.  
4302 ALTON RD 720  
MIAMI BEACH, FL 33140 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: D  
Name: UNGER, STEPHEN W.  
Address: 4302 ALTON RD 720  
City-St-Zip: MIAMI BEACH, FL

Title: PST  
Name: UNGER, STEPHEN W.  
Address: 4302 ALTON RD 720  
City-St-Zip: MIAMI BEACH, FL

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: STEPHEN UNGER

PRES

03/11/2012

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

\_\_\_\_\_  
Date