

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H02683

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** SUSAN PULS, M.D., P.A.

**Current Principal Place of Business:**

414 TROY LOOP  
THE VILLAGES, FL 32162 US

**New Principal Place of Business:**

**Current Mailing Address:**

414 TROY LOOP  
THE VILLAGES, FL 32162 US

**New Mailing Address:**

**FEI Number:** 59-2411591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULS, SUSAN M.D.  
414 TROY LOOP  
THE VILLAGES, FL 32162 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: PDS  
Name: PULS, SUSAN M.D.  
Address: 414 TROY LOOP  
City-St-Zip: THE VILLAGES, FL 32162

Title: T  
Name: PULS, WAYNE E  
Address: 414 TROY LOOP  
City-St-Zip: THE VILLAGES, FL 32162

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: SUSAN PULS

DR.

03/26/2011

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

\_\_\_\_\_  
Date