

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31847

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** ROGER WM. ALTMAN, M.D., P.A.

**Current Principal Place of Business:**

% ROGER WM. ALTMAN, M.D.  
32615 U.S. 19 NORTH, SUITE 1  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

640 SOUNDVIEW DRIVE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-2465761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALTMAN, ROGER WM. M.D.  
640 SOUNDVIEW DRIVE  
PALM HARBOR, FL 34683 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: PRE  
Name: ALTMAN, ROGER W ALTMAN  
Address: 640 SOUNDVIEW DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

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: ROGER WM ALTMAN, MD

PRE

02/16/2012

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

\_\_\_\_\_  
Date