

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56811

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** RICHARD M. DWOSKIN, M.D., P.A.

**Current Principal Place of Business:**

3375 BURNS ROAD  
SUITE 208  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

11211 PROSPERITY FARMS ROAD  
BUILDING D, SUITE 127  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3375 BURNS ROAD  
SUITE 208  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

12 WYCLIFF ROAD  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 59-2524832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DWOSKIN, RICHARD M MD  
3375 BURNS ROAD  
SUITE 208  
PALM BEACH GARDENS, FL 33410 US

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

DWOSKIN, RICHARD M MD  
12 WYCLIFF ROAD  
PALM BEACH GARDENS, FL 33418 US

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

02/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DWOSKIN, RICHARD M.,M.D.  
Address: 12 WYCLIFF RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: RICHARD M. DWOSKIN

PRES

02/16/2011

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

\_\_\_\_\_  
Date