

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15670

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

13801 BRUCE B. DOWNS  
STE 304  
TAMPA, FL 33613

**New Principal Place of Business:**

13801 BRUCE B. DOWNS BLVD  
STE 305  
TAMPA, FL 33613

**Current Mailing Address:**

13801 BRUCE B. DOWNS  
STE 304  
TAMPA, FL 33613

**New Mailing Address:**

13801 BRUCE B. DOWNS BLVD  
STE 305  
TAMPA, FL 33613

**FEI Number:** 59-2679152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JASIN, MICHAEL E  
13801 BRUCE B DOWNS BLVD  
SUITE 304  
TAMPA, FL 33613 US

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

JASIN, MICHAEL E  
13801 BRUCE B DOWNS BLVD  
SUITE 305  
TAMPA, FL 33613 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

01/19/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JASIN, MICHAEL E  
Address: 8935 BLOOMFIELD BLVD  
City-St-Zip: SARASOTA, FL 34238 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: MICHAEL E. JASIN, MD

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

DR

01/19/2011

\_\_\_\_\_  
Date