2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2012
Secretary of State

DOCUMENT# J17431

Entity Name: CHARLES I. STEIN, M.D., P.A.

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE 260
PALM COAST, FL 32164 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730657
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 59-2673566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, CHARLES I
29 WINDING CREEK WAY
ORMOMD BEACH, FL 32174 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: PRES
Name: STEIN, CHARLES I MD
Address: 29 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: STEIN, SUZANNE
Address: 29 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: CHARLES I. STEIN, MD PRES 01/29/2012

Electronic Signature of Signing Officer or Director Date