

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32251

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** MICHAEL J. SINCLAIR, M.D.P.A.

**Current Principal Place of Business:**

13005 STATE ROAD 80  
PALMS WEST MEDICAL MALL I, SUITE 111  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13005 STATE ROAD 80  
PALMS WEST MEDICAL MALL I, SUITE 111  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 59-2698904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SINGER, MICHAEL S ESQ  
3801 PGA BLVD., SUITE 604  
PALM BEACH GARDENS, FL 33410 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: DPT  
Name: SINCLAIR, MICHAEL J.  
Address: 13005 STATE RD 80, #111  
City-St-Zip: LOXAHATCHEE, FL 33470

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 J. SINCLAIR

PRES

04/28/2012

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

\_\_\_\_\_  
Date