

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56659

FILED  
Jan 16, 2011  
Secretary of State

Entity Name: MARGATE MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2825 N. ST. RD. #7  
#304  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

2825 N. ST. RD. #7  
#304  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 59-2777047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAVITZ, JACK A  
2825 N. ST. RD. 7  
#304  
MARGATE, FL 330635663 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: PD  
Name: KRAVITZ, JACK A  
Address: 2825 N. STATE ROAD 7, SUITE 304  
City-St-Zip: MARGATE, FL 330635663 US

Title: VD  
Name: SHERMAN, GREGG A  
Address: 2825 N. STATE ROAD 7, SUITE 304  
City-St-Zip: MARGATE, FL 330635663 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: JACK A. KRAVITZ

DR.

01/16/2011

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

\_\_\_\_\_  
Date