

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67423

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** JON FRANKEL, M.D., P.A.

**Current Principal Place of Business:**

407B WEST HIGHLAND BLVD.  
INVERNESS, FL 34452 US

**New Principal Place of Business:**

**Current Mailing Address:**

5130 S POINTE DRIVE  
INVERNESS, FL 34450 US

**New Mailing Address:**

FEI Number: 59-2775377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANKEL, DEBORAH O ESQ  
5130 S POINTE DR.  
INVERNESS, FL 34450 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: FRANKEL, JON P MD  
Address: 407B HIGHLAND BLVD.  
City-St-Zip: INVERNESS, FL 34450 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: JON FRANKEL, M.D.

PRES

02/17/2012

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

\_\_\_\_\_ Date