

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06899

Entity Name: CARL GITTENS, M.D., P.A.

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

5911 S US HWY 1  
STUART, FL 34997

**New Principal Place of Business:**

254 SW HARBOR VIEW DR  
PALM CITY, FL 34990

**Current Mailing Address:**

5911 S US HWY 1  
STUART, FL 34997

**New Mailing Address:**

254 SW HARBOR VIEW DR  
PALM CITY, FL 34990

FEI Number: 65-0130013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GITTENS, CARL  
5911 S US HWY 1  
STUART, FL 34997 US

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

GITTENS, CARL  
254 SW HARBOR VIEW DR  
PALM CITY, FL 34990 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

02/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GITTENS, CARL C.F.  
Address: 254 SW HARBOR VIEW DR  
City-St-Zip: PALM CITY, FL 34990

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: CARL C GITTENS

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

PRES

02/16/2011

\_\_\_\_\_  
Date