

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44312

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** TERRENCE STEINER, M.D., CHARTERED

**Current Principal Place of Business:**

3039 S. PONTE VERDRA BLVD.  
PNTVE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

3039 S. PONTE VERDRA BLVD.  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

3039 S. PONTE VERDRA BLVD.  
PNTVE VEDRA BEACH, FL 32082

**New Mailing Address:**

3039 S. PONTE VERDRA BLVD.  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 59-2993052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINER, TERRENCE MD  
4501 AVENUE A  
SAINT AUGUSTINE, FL 32095 US

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

STEINER, TERRENCE MD  
3039 S. PONTE VEDRA BLVD.  
PONTE VEDRA BEACH, FL 32082 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

04/13/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STEINER, TERRENCE M.D.  
Address: 3039 S. PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: TERRENCE STEINER, M.D.

D

04/13/2011

Electronic Signature of Signing Officer or Director

Date