# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2011**
**Secretary of State**

DOCUMENT# M29492

**Entity Name:** SIDNEY NEIMARK, M.D., F.A.C.P., P.A.

**Current Principal Place of Business:**

1117 N OLIVE AVE, STE 203
W. PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

16 SURREY ROAD
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number: 59-2674942** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NEIMARK, SIDNEY
1117 N. OLIVE AVE
#203
WEST PALM BEACH, FL 33401 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: NEIMARK, SIDNEY
Address: 16 SURREY RD.
City-St-Zip: PALM BCH GARDENS, FL 33418

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: SIDNEY NEIMARK PD 02/25/2011

Electronic Signature of Signing Officer or Director — Date