

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65231

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SAMUEL M. RICHTON, M.D. AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

3100 S W 62 AVE  
SUITE 122  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**New Mailing Address:**

701 W 47 ST  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

3100 S W 62 AVE  
SUITE 122  
MIAMI, FL 33155 US

**FEI Number:** 65-0028384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHTON, SAMUEL M., M.D.  
3100 S W 62 AVE  
SUITE 122  
MIAMI, FL 33155 US

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

RICHTON, MARSHA, PERSONAL REPRESENTATIVE  
3100 S W 62 AVE  
SUITE 122  
MIAMI, FL 33155 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: MARSHA RICHTON

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: RICHTON, MARSHA , PERSONAL REPRESENTATIVE  
Address: 3100 S W 62 AVE #122  
City-St-Zip: MIAMI, FL 33155 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: MARSHA RICHTON, PERSONAL; REPRESENTATIVE

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date