

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000003735

Entity Name: DAVID MAZER, M.D., P.A.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3131 HASSI POINT  
LONGWOOD, FL 32779 US

## **New Principal Place of Business:**

3388 FERNLAKE PL  
LONGWOOD, FL 32779 US

## **Current Mailing Address:**

3131 HASSI POINT  
LONGWOOD, FL 32779 US

## **New Mailing Address:**

3388 FERNLAKE PL  
LONGWOOD, FL 32779 US

FEI Number: 59-3617330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAZER, DAVID K MD  
3131 HASSI POINT  
LONGWOOD, FL 32779 US

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

MAZER, DAVID K MD  
3388 FERNLAKE PL  
LONGWOOD, FL 32779 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: DAVID MAZER

01/05/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D/P  
Name: MAZER, DAVID K  
Address: 3388 FERNLAKE PL  
City-St-Zip: LONGWOOD, FL 32779 US

Title: S  
Name: MAZER, CHERIE R  
Address: 3388 FERNLAKE PL  
City-St-Zip: LONGWOOD, FL 32779 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: DAVID MAZER

D/P

01/05/2012

Electronic Signature of Signing Officer or Director

Date