

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000015712

Entity Name: DORU D. BARZA MD, PA

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5610 PGA BLVD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5610 PGA BLVD.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 65-0161722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARZA, DORU  
5610 PGA BLVD.  
PALM BEACH GARDENS, FL 33418 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: DPST  
Name: BARZA, DORU  
Address: 18411 SE LAKESIDE DR  
City-St-Zip: JUPITER, FL 33469 US

Title: VP  
Name: BARZA, SYLVIA  
Address: 18411 SE LAKESIDE DR  
City-St-Zip: JUPITER, FL 33469 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: DORU BARZA

DPST

01/19/2012

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

\_\_\_\_\_  
Date