

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000016951

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FRANZUEL B PAMITTAN, M.D., P.A.

**Current Principal Place of Business:**

2525 HARBOR BLVD STE #308  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 495659  
PORT CHARLOTTE, FL 339495659 US

**New Mailing Address:**

2525 HARBOR BLVD STE #308  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 65-1085237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAMITTAN, GRACE  
2525 HARBOR BLVD.  
SUITE 308  
PORT CHARLOTTE, FL 33952 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: PSTD  
Name: PAMITTAN, FRANZUEL B  
Address: 2525 HARBOR BLVD SUITE #308  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: FRANZUEL B. PAMITTAN

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04/21/2011

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

\_\_\_\_\_  
Date