

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000032826

**Entity Name:** SAMUEL BUNDZ, M.D., P.A.

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8112 CENTRALIA CT  
SUITE 101  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1250  
TAVARES, FL 327781250

**New Mailing Address:**

**FEI Number:** 59-3709624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUNDZ, SAMUEL MD  
34426 WINDLEY CIRCLE  
EUSTIS, FL 32736 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: D  
Name: BUNDZ, SAMUEL MD  
Address: 34426 WINDLEY CIRCLE  
City-St-Zip: EUSTIS, FL 32736

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: SAMUEL BUNDZ, MD

DIR

03/13/2011

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

\_\_\_\_\_  
Date