

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058770

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CAROLYN D. PASS, MD, P.A.

**Current Principal Place of Business:**

1255 STATE ROAD 60 EAST  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

320 1ST STREET NORTH  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 52-2326354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PASS, CAROLYN D  
134 LAKE MARIAM WAY  
WINTER HAVEN, FL 338843818 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: PRES  
Name: PASS, CAROLYN D MD  
Address: 134 LAKE MARIAM WAY  
City-St-Zip: WINTER HAVEN, FL 33884 38

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: CAROLYN D PASS, MD

PRES

04/27/2012

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

\_\_\_\_\_ Date