

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000039373

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** WESTON MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

2800 GLADES CIRCLE  
SUITE 114  
WESTON, FL 33327

**New Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 124  
MIRAMAR, FL 33023

**Current Mailing Address:**

PO BOX 266654  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 02-0579942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZOLDAN, MICHAEL  
2800 GLADES CIRCLE  
SUITE 114  
WESTON, FL 33327 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: P  
Name: ZOLDAN, MICHAEL  
Address: 2800 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327

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: MICHAEL ZOLDAN

P

03/10/2011

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

\_\_\_\_\_  
Date