

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067315

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** WILLIAM D. ERTAG, M.D., P.A.

**Current Principal Place of Business:**

720 GOODLETTE ROAD NORTH  
SUITE 204  
NAPLES, FL 34102

**New Principal Place of Business:**

720 GOODLETTE ROAD NORTH  
SUITE 204  
NAPLES, FL 34102 US

**Current Mailing Address:**

720 GOODLETTE ROAD NORTH  
SUITE 204  
NAPLES, FL 34102

**New Mailing Address:**

720 GOODLETTE ROAD NORTH  
SUITE 204  
NAPLES, FL 34102 US

**FEI Number:** 01-0732394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERTAG, WILLIAM D MD  
720 GOODLIETTE ROAD NORTH, SUITE 204  
NAPLES, FL 34102 US

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

ERTAG, WILLIAM D MD  
720 GOODLETTE ROAD NORTH  
SUITE 204  
NAPLES, FL 34102 US

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:** WILLIAM D. ERTAG MD

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** ERTAG, WILLIAM D M.D.  
**Address:** 720 GOODLETTE ROAD NORTH #204  
**City-St-Zip:** NAPLES, FL 34102 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:** WILLIAM D. ERTAG MD

DR

01/05/2012

Electronic Signature of Signing Officer or Director

Date