

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000121578

Entity Name: IRA BRASSLOFF, M.D.,P.A.

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

### **Current Principal Place of Business:**

1411 N FLAGLER DR.  
SUITE 7900  
WEST PALM BEACH, FL 33401 US

### **New Principal Place of Business:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401 US

### **Current Mailing Address:**

1411 N FLAGLER DR.  
SUITE 7900  
WEST PALM BEACH, FL 33401 US

### **New Mailing Address:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401 US

FEI Number: 16-1638964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRASSLOFF, IRA B M.D.  
1411 N FLAGLER DR  
SUITE 7900  
WEST PALM BEACH, FL 33401 US

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

BRASSLOFF, IRA B M.D.  
1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401 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:

08/25/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: DR.  
Name: BRASSLOFF, IRA B M.D.  
Address: 1552 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

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: IRA BRASSLOFF

DR.

08/25/2010

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

\_\_\_\_\_  
Date