# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2011**
**Secretary of State**

DOCUMENT# P03000026510

**Entity Name:** JAMES S. PRINE, M.D., P.A.

**Current Principal Place of Business:**

8150 ROYAL PALM BLVD
SUITE 101
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

8150 ROYAL PALM BLVD
SUITE 101
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number: 51-0445844** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PRINE, JAMES S M.D.
5858 N.W. 123RD AVENUE
CORAL SPRINGS, FL 33076 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: PRINE, JAMES S MD
Address: 5858 NW 123RD STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DR
Name: PRINE, JAMES S
Address: 8150 ROYAL PALM BLVD #101
City-St-Zip: CORAL SPRINGS, FL 33065

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: JAMES S. PRINE, M.D. PRES 03/20/2011

Electronic Signature of Signing Officer or Director Date