

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000032188

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

**Entity Name:** MITCHELL FORMAN, M.D., P.A.

**Current Principal Place of Business:**

1644 BRUCE B DOWNS  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

1644 BRUCE B DOWNS  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 71-0937927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORMAN, MITCHELL  
6414 RENWICK CIRCLE  
TAMPA, FL 33647 US

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

FORMAN, MITCHELL  
1644 BRUCE B DOWNS  
WESLEY CHAPEL, FL 33544 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:

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

01/05/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FORMAN, MITCHELL  
Address: 1644 BRUCE B DOWNS  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: O  
Name: FORMAN, PATRICIA  
Address: 1644 BRUCE B DOWNS  
City-St-Zip: WESLEY CHAPEL, FL 33544 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: MITCH FORMAN

OWNE

01/05/2012

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

\_\_\_\_\_  
Date