

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000146723

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** DYNAMIC HEALTH SERVICES, P.A.

**Current Principal Place of Business:**

THE SQUARE  
260 CRANDON BLVD., SUITE 14  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE SQUARE  
260 CRANDON BLVD., SUITE 14  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

**FEI Number:** 20-0458856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZUCKER, DAVID E  
3093 HAMBLIN WAY  
WELLINGTON, FL 33414 US

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

ZUCKER, DAVID E  
3603 NW 23RD TERRACE  
BOCA RATON, FL 33431 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:** DAVID E. ZUCKER

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P,S  
**Name:** ZUCKER, DAVID E DR.  
**Address:** THE SQUARE, 260 CRANDON BLVD., SUITE 14  
**City-St-Zip:** KEY BISCAYNE, FL 33149

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:** DAVID ZUCKER

DR.

01/06/2011

Electronic Signature of Signing Officer or Director

Date