

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000018259

Entity Name: MARC A. KATZ, DPM, P.A.

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12915 GOLF CREST TERRACE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 272284  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 20-0644780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATZ, MARC A DPM  
12915 GOLF CREST TERRACE  
TAMPA, FL 33618 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: PD  
Name: KATZ, MARC A DPM  
Address: 12915 GOLF CREST TERRACE  
City-St-Zip: TAMPA, FL 33618

Title: O  
Name: TUROW, SUSAN L  
Address: 12915 GOLF CREST TERRACE  
City-St-Zip: TAMPA, FL 33618

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: MARC A. KATZ

PD

03/19/2012

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

\_\_\_\_\_  
Date