

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000019449

**Entity Name:** NORMAN I MEYER M.D. P.A.

**FILED**  
**Jun 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

107 WOOD STORK WAY  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 WOOD STORK WAY  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

**FEI Number:** 20-0682157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, NORMAN I M.D  
13244 US HWY. 1  
SEBASTIAN, FL 32958 US

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

MEYER, NORMAN I M.D  
107 WOOD STORK WAY  
SEBASTIAN, FL 32958 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

06/07/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEYER, NORMAN I  
Address: 107 WOOD STORK WAY  
City-St-Zip: SEBASTIAN, FL 32958 US

Title: VP  
Name: MEYER, JOYCE L  
Address: 107 WOOD STORK WAY  
City-St-Zip: SEBASTIAN, FL 32958 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: NORMAN MEYER MD

P

06/07/2012

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

\_\_\_\_\_  
Date