

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000171660

**FILED**  
**Aug 06, 2010**  
**Secretary of State**

**Entity Name:** STEVEN RUSSELL PEARLSTEIN, M.D., P.A.

**Current Principal Place of Business:**

9110 NW 41 MANOR  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

4613 N UNIVERSITY DR  
#471  
CORAL SPRINGS, FL 33067 US

**Current Mailing Address:**

4613 N UNIVERSITY DR  
#471  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 20-2064161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEVEN, PEARLSTEIN  
9110 NW 41 MANOR  
CORAL SPRINGS, FL 33065 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: PEARLSTEIN, STEVEN R M.D.  
Address: 4613 N UNIVERSITY DR # 471  
City-St-Zip: CORAL SPRINGS, FL 33067 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: STEVEN R PEARLSTIEN

PRES

08/06/2010

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

\_\_\_\_\_  
Date