

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000049228

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** PHILIP TOWNSEND M.D. P.A.

**Current Principal Place of Business:**

15439 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

12017 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**Current Mailing Address:**

15439 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

12017 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**FEI Number:** 56-2507163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TOWNSEND, PHILIP  
15439 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

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

TOWNSEND, PHILIP  
12017 CORTEZ BLVD  
BROOKSVILLE, FL 34613 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:** PHILIP TOWNSEND

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** TOWNSEND, PHILIP  
**Address:** 12017 CORTEZ BLVD  
**City-St-Zip:** BROOKSVILLE, FL 34613 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:** PHILIP TOWNSEND

DR

04/03/2012

Electronic Signature of Signing Officer or Director

Date