

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065827

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** NATALIE RACHEL TURETSKY, P.A.

**Current Principal Place of Business:**

9559 COLLINS AVENUE  
APT. 210  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547011  
SURFSIDE, FL 33154

**New Mailing Address:**

9559 COLLINS AVENUE  
APT. 210  
SURFSIDE, FL 33154

**FEI Number:** 03-0562829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURETSKY, NATALIE R  
9559 COLLINS AVE. APT. 210  
SURFSIDE, FL 33154 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: TURETSKY, NATALIE R  
Address: 9559 COLLINS AVE, APT. 210  
City-St-Zip: SURFSIDE, FL 33154

Title: O  
Name: TURETSKY, MATTHEW H  
Address: 9559 COLLINS AVE, APT. 210  
City-St-Zip: SURFSIDE, FL 33154

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: NATALIE TURETSKY

P

04/22/2011

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

\_\_\_\_\_  
Date