

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078879

Entity Name: DANIEL PETERS, M.D. P.A.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

11211 PROSPERITY FARMS RD STE B-105  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

11211 PROSPERITY FARMS RD  
STE B-105  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

11211 PROSPERITY FARMS RD STE B-105  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

11211 PROSPERITY FARMS RD  
STE B-105  
PALM BEACH GARDENS, FL 33410

FEI Number: 20-5016140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERS, DANIEL M.D.  
11883 LAKESHORE PLACE  
NORTH PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: PETERS, DANIEL MD  
Address: 11883 LAKESHORE PLACE  
City-St-Zip: NORTH PALM BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL E PETERS

DR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date