

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078879

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** PETERS, DANIEL MD  
**Address:** 11883 LAKESHORE PLACE  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

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:** DANIEL PETERS

DR

01/08/2010

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

\_\_\_\_\_  
Date