

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082966

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** ANDREW NORKIN D.M.D., M.D., PA

**Current Principal Place of Business:**

2499 GLADES ROAD  
#309  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

17858 LAKE AZURE WAY  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 20-5135937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NORKIN, ANDREW  
17858 LAKE AZURE WAY  
BOCA RATON, FL 33496 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: DR.  
Name: NORKIN, ANDREW  
Address: 17858 LAKE AZURE WAY  
City-St-Zip: BOCA RATON, FL 33496 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: ANDREW NORKIN

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

DR.

04/08/2012

\_\_\_\_\_ Date