

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000140780

Entity Name: DR. KOFFER NEW YORK INC

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

### **Current Principal Place of Business:**

3887 MANNIX DRIVE  
SUITE 623  
NAPLES, FL 34114 US

### **New Principal Place of Business:**

### **Current Mailing Address:**

7946 FOUNDERS CIRCLE  
NAPLES, FL 34114 US

### **New Mailing Address:**

3887 MANNIX DRIVE  
SUITE 623  
NAPLES, FL 34114 US

FEI Number: 20-5856980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TARASEVICH, IOURI  
7946 FOUNDERS CIRCLE  
NAPLES, FL 34114 US

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

SAPOZHNIKOV, MICHAEL  
3887 MANNIX DRIVE  
SUITE 623  
NAPLES, FL 34114 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: MICHAEL SAPOZHNIKOV

11/08/2012

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: DPT  
Name: SAPOZHNIKOV, MICHAEL  
Address: 3887 MANNIX DR, STE 623  
City-St-Zip: NAPLES, FL 34114 US

Title: VPS  
Name: BABARIKA, ALEXANDER  
Address: 3887 MANNIX DR, STE 623  
City-St-Zip: NAPLES, FL 34114 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: MICHAEL SAPOZHNIKOV

DP

11/08/2012

Electronic Signature of Signing Officer or Director

Date