

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017276

FILED  
Jan 19, 2011  
Secretary of State

Entity Name: DOUGLAS E. POLITZ, M.D., P.A.

**Current Principal Place of Business:**

2400 CYPRESS GLEN DR  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

1506 S. ALBANY AVE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 20-8407686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLITZ, DOUGLAS E  
1506 S ALBANY AVE  
TAMPA, FL 33606 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: PRES  
Name: POLITZ, DOUGLAS E  
Address: 1506 S ALBANY AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: TRES  
Name: POLITZ, DOUGLAS E  
Address: 1506 S ALBANY AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: SECT  
Name: POLITZ, DOUGLAS E  
Address: 1506 S ALBANY AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: DIR  
Name: POLITZ, DOUGLAS E  
Address: 1506 S ALBANY AVE  
City-St-Zip: TAMPA, FL 33606 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: DOUGLAS E. POLITZ, MD

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date