

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017658

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SHERYL R FACEY M.D., P.A.

**Current Principal Place of Business:**

2301 N UNIVERSITY DR STE 207  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

601 N FLAMINGO RD  
SUITE 202  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

2301 N UNIVERSITY DR STE 207  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

601 N FLAMINGO RD  
SUITE 202  
PEMBROKE PINES, FL 33028

FEI Number: 20-8412149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTMAN, STUART M CPA  
4700 N STATE ROAD 7  
STE 208  
FORT LAUDERDALE, FL 33319 US

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

ROTMAN, STUART M CPA  
8551 W SUNRISE BLVD  
STE 100A  
PLANTATION, FL 33322 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: FACEY, SHERYL R  
Address: 2240 NW 72 WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

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: SHERYL FACEY

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date