

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000053374

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** L. RACHEL DOLNICK, P.A.

**Current Principal Place of Business:**

10033 VENEZIA PLACE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 970143  
BOCA RATON, FL 33497

**New Mailing Address:**

**FEI Number:** 20-8985217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, MICHAEL W  
3839 NORTHWEST BOCA RATON BLVD.  
SUITE 100  
BOCA RATON, FL 33431 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: D/P  
Name: DOLNICK, RACHEL  
Address: POST OFFICE BOX 970143  
City-St-Zip: BOCA RATON, FL 33497

Title: VP  
Name: DOLNICK, RACHEL  
Address: POST OFFICE BOX 970143  
City-St-Zip: BOCA RATON, FL 33497

Title: SECY  
Name: DOLNICK, RACHEL  
Address: POST OFFICE BOX 970143  
City-St-Zip: BOCA RATON, FL 33497

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: L. RACHEL DOLNICK

D/P

02/13/2011

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

\_\_\_\_\_  
Date