

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000053748

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ROBERT MACKLER, M.D., P.A.

**Current Principal Place of Business:**

4300 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4300 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 26-0163150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEARRINGTON, WILLA ESQ  
515 N FLAGLER DR  
SIXTH FLOOR  
W PALM BEACH, FL 33401 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:** P  
**Name:** MACKLER, ROBERT W  
**Address:** 2614 AMHERST LANE  
**City-St-Zip:** LAKE WORTH, FL 334606306

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:** ROBERT W MACKLER

PRES

04/23/2012

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

\_\_\_\_\_  
Date