

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128722

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** DARREN W. LEVERENZ, M.D., P.A.

**Current Principal Place of Business:**

1501 PASADENA AVENUE  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

3601 DANFORTH PLACE  
TAMPA, FL 33601

**New Mailing Address:**

3256 12TH ST N  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 26-1508767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, GARY ESQ  
202 S. ROME AVENUE  
SUITE 100  
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:** DR.  
**Name:** LEVERENZ, DARREN W  
**Address:** 3256 12TH ST N  
**City-St-Zip:** ST. PETERSBURG, FL 33704 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:** DARREN W. LEVERENZ

CEO

01/12/2011

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

\_\_\_\_\_  
Date