

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068354

Entity Name: JEFFREY R. KEIM, MD, PA

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4300 NORTH UNIVERSITY DRIVE  
SUITE A-202  
LAUDERHILL, FL 33351

## **New Principal Place of Business:**

## **Current Mailing Address:**

4300 NORTH UNIVERSITY DRIVE  
SUITE A-202  
LAUDERHILL, FL 33351

## **New Mailing Address:**

277 LAS BRISAS CIRCLE  
WESTON, FL 33326

FEI Number: 80-0353222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRAX REJUVENATION  
4300 NORTH UNIVERSITY DRIVE  
SUITE A-202  
LAUDERHILL, FL 33351 US

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

KEIM, JEFFREY R MD  
277 LAS BRISAS CIRCLE  
WESTON, FL 33326 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: JEFFREY R KEIM, MD

01/11/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: KEIM, JEFFREY R MD  
Address: 277 LAS BRISAS CIRCLE  
City-St-Zip: WESTON, FL 33326

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: JEFFREY R KEIM, MD

P

01/11/2012

Electronic Signature of Signing Officer or Director

Date