

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076074

Entity Name: BRIAN J. KATZ, M.D., P.A.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

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

4308 ALTON ROAD  
SUITE 510  
MIAMI BEACH, FL 33140 US

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

## **Current Mailing Address:**

4308 ALTON ROAD  
SUITE 510  
MIAMI BEACH, FL 33140 US

## **New Mailing Address:**

FEI Number: 26-3228034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOEL FRIEND AND ASSOCIATES, INC.  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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,D  
Name: KATZ, BRIAN J M.D.  
Address: 4308 ALTON ROAD, SUITE 510  
City-St-Zip: MIAMI BEACH, FL 33140 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: BRIAN J. KATZ

P, D

04/25/2012

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

\_\_\_\_\_  
Date