

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000045029

Entity Name: DEBRA GORIN MD, PA

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

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

300 NE 26TH STREET #113  
BOYNTON BEACH, FL 33435

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

7154 N. UNIVERSITY DR.  
#306  
TAMARAC, FL 33321

## **Current Mailing Address:**

300 NE 26TH STREET #113  
BOYNTON BEACH, FL 33435

## **New Mailing Address:**

7154 N. UNIVERSITY DR.  
#306  
TAMARAC, FL 33321

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GORIN, DEBRA MD  
300 NE 26TH STREET #113  
BOYNTON BEACH, FL 33435 US

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

GORIN, DEBRA MD  
7154 N. UNIVERSITY DR.  
#306  
TAMARAC, FL 33321 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:

09/16/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: MD  
Name: GORIN, DEBRA  
Address: 7154 N. UNIVERSITY DR. #306  
City-St-Zip: TAMARAC, FL 33321

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: DEBRA S. GORIN, M.D.

OWNE

09/16/2010

Electronic Signature of Signing Officer or Director

Date