

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099836

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** DEBRA BECKER, M.D., P.A.

**Current Principal Place of Business:**

1500 NW 10TH AVE., SUITE 105  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NW 10TH AVE., SUITE 105  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 27-1480577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER, DEBRA  
1500 NW 10TH AVE., SUITE 105  
BOCA RATON, FL 33486 US

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

BECKER, DEBRA A  
1500 NW 10TH AVE., SUITE 105  
BOCA RATON, FL 33486 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:** DEBRA A BECKER

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BECKER, DEBRA  
**Address:** 1500 NW 10TH AVE., SUITE 105  
**City-St-Zip:** BOCA RATON, FL 33486

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 A BECKER

MD

04/20/2011

Electronic Signature of Signing Officer or Director

Date