

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000103573

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** SUZANNE M. STEWART M.D., P.A.

**Current Principal Place of Business:**

9085 SW 87TH AVENUE  
SUITE 201  
MIAMI, FL 33176

**New Principal Place of Business:**

7800 RED ROAD  
SUITE 210  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

6724 SW 139 STREET  
PALMETTO BAY, FL 33158

**New Mailing Address:**

**FEI Number:** 27-1612334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, SUZANNE M M.D.  
6724 SW 139 STREET  
PALMETTO BAY, FL 33158 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: D  
Name: STEWART, SUZANNE M M.D.  
Address: 6724 SW 139 STREET  
City-St-Zip: PALMETTO BAY, FL 33158

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: SUZANNE STEWART

D

03/30/2011

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

\_\_\_\_\_  
Date