

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000040299

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MARC BRODSKY, M.D., P.A.

**Current Principal Place of Business:**

2440 SE FEDERAL HIGHWAY  
STE. P  
STUART, FL 34994

**New Principal Place of Business:**

5764 SW LONGSPUR LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

2440 SE FEDERAL HIGHWAY  
STE. P  
STUART, FL 34994

**New Mailing Address:**

5764 SW LONGSPUR LANE  
PALM CITY, FL 34990

**FEI Number:** 27-2539815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRODSKY, MARC D  
5764 SW LONGSPUR LANE  
PALM CITY, FL 34990 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: DR  
Name: BRODSKY, MARC D  
Address: 5764 SW LONGSPUR LANE  
City-St-Zip: PALM CITY, FL 34990

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: MARC BRODSKY, M.D.

PRES

02/09/2012

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

\_\_\_\_\_  
Date