

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000047879

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: ANNE LYNN MORGAN, M.D., P.A.

**Current Principal Place of Business:**

14386 CYPRESS ISLAND CIRCLE  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

14386 CYPRESS ISLAND CIRCLE  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

FEI Number: 27-2786392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, ANNE L M.D.  
14386 CYPRESS ISLAND CIRCLE  
PALM BEACH GARDEN, FL 33410 US

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

MORGAN, ANNE L M.D.  
14386 CYPRESS ISLAND CIRCLE  
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

04/07/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MORGAN, ANNE L M.D.  
Address: 14386 CYPRESS ISLAND CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: ANNE L MORGAN M.D.

PRES

04/07/2011

Electronic Signature of Signing Officer or Director

Date