

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048087

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** DR. TOWNSEND & ASSOCIATES, P.A.

**Current Principal Place of Business:**

9 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

9 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 27-2792873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES A. NOLAN, P.A.  
4114 HERSCHEL STREET  
SUITE 105  
JACKSONVILLE, FL 32210 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:** PSD  
**Name:** TOWNSEND, VANESSA DR.  
**Address:** 9 ST. JOHNS MEDICAL PARK DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 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:** VANESSA TOWNSEND

PSD

02/13/2012

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

\_\_\_\_\_  
Date