

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054606

Entity Name: STEVEN MISHKIND, MD, PA

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

900 N ROBERTS AVENUE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 511196  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

FEI Number: 27-2954334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMES, ANDREW T CPA,CFP  
128 W OAK STREET  
ARCADIA, FL 34266 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: P  
Name: MISHKIND, STEVEN MD  
Address: P O BOX 511196  
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: VPST  
Name: MISHKIND, MARIA  
Address: P O BOX 511196  
City-St-Zip: PUNTA GORDA, FL 33951 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: STEVEN MISHKIND, MD

P

04/25/2011

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

\_\_\_\_\_  
Date