

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000057633

FILED  
Mar 09, 2012  
Secretary of State

**Entity Name:** CSORTAN EMERGENCY SPECIALISTS, P.A.

**Current Principal Place of Business:**

1 FERNWOOD TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1 FERNWOOD TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 27-3047034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNELL LEGAL  
160 EAST GRANADA BLVD.  
ORMOND BEACH, FL 32176 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: PSTD  
Name: CSORTAN, ERIC S M.D.  
Address: 1 FERNWOOD TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TREA  
Name: CSORTAN, BARBARA  
Address: 1 FERNWOOD TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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: ERIC S CSORTAN

PRES

03/09/2012

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

\_\_\_\_\_ Date