

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000101616

FILED  
Aug 28, 2012  
Secretary of State

Entity Name: DR. SEIFERT'S CLINIC, INC.

## Current Principal Place of Business:

393 CENTERPOINTE CIRCLE, SUITE 1483  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

393 CENTERPOINTE CIRCLE  
SUITE 1483  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

393 CENTERPOINTE CIRCLE, SUITE 1483  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

285 UPTOWN BLVD.  
APT. 429  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-4915577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SEIFERT, WALTER DR  
285 UPTOWN BLVD APT 429  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

SEIFERT, WALTER MD  
285 UPTOWN BLVD  
APT. 429  
ALTAMONTE SPRINGS, FL 32701 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: WALTER SEIFERT

08/28/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SEIFERT, WALTER MD  
Address: 393 CENTERPOINTE CIRCLE, STE 1483  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V  
Name: RAMIREZ-SEIFERT, SONIA MD  
Address: 393 CENTERPOINTE CIRCLE, STE 1483  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: WALTER SEIFERT

P

08/28/2012

Electronic Signature of Signing Officer or Director

Date