

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009805

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** LAWRENCE S. HALPERIN, M.D., P.A.

**Current Principal Place of Business:**

5601 N DIXIE HWY  
SUITE 307  
FT LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

5882 WINDSOR TERRACE  
BOCA RATON, FL 33496 US

**New Mailing Address:**

FEI Number: 65-0389049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALPERIN, LAWRENCE S  
5882 WINDSOR TERRACE  
SUITE  
BOCA RATON, FL 33496 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: PST  
Name: HALPERIN, LAWRENCE S  
Address: 5882 WINDSOR TERRACE  
City-St-Zip: BOCA RATON, FL 33496 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: LAWRENCE HALPERIN

DR

04/27/2012

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

\_\_\_\_\_ Date