

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000035709

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** BRUCE BERENSON, M.D., P.A.

**Current Principal Place of Business:**

13660 SOUTH JOG ROAD  
SUITE B1  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9121 LONG LAKE PALM DRIVE  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 65-0453257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERENSON, BRUCE MD  
13660 SOUTH JOG ROAD  
SUITE B1  
DELRAY BEACH, FL 33446 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: PD  
Name: BERENSON, BRUCE MD  
Address: 13660 SOUTH JOG ROAD SUITE B1  
City-St-Zip: DELRAY BEACH, FL 33446

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: BRUCE BERENSON, M.D.

PD

02/18/2011

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

\_\_\_\_\_  
Date