

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039859

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** DANIEL P. CONLIN, M.D., P.A.

**Current Principal Place of Business:**

209 WOODLAND AVE.  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

209 WOODLAND AVENUE  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

209 WOODLAND AVE.  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

209 WOODLAND AVENUE  
ST AUGUSTINE, FL 32080

FEI Number: 59-3192599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONLIN, JUDITH S  
209 WOODLAND AVE.  
ST AUGUSTINE, FL 32080 US

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

CONLIN, JUDITH S  
209 WOODLAND AVENUE  
ST AUGUSTINE, FL 32080 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CONLIN, DANIEL P  
Address: 209 WOODLAND AVENUE  
City-St-Zip: ST AUGUSTINE, FL 32080

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: DANIEL P CONLIN

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

D

03/16/2011

\_\_\_\_\_  
Date