

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057987

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ROBERT M. PEROVICH, MD, PA

**Current Principal Place of Business:**

3111 N. UNIVERSITY DRIVE  
SUITE 400  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

2855 N. UNIVERSITY DRIVE  
SUITE 500  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N. UNIVERSITY DRIVE  
SUITE 400  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

2855 N. UNIVERSITY DRIVE  
SUITE 500  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0429770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEROVICH, ROBERT M  
3111 N. UNIVERSITY DRIVE  
SUITE 400  
CORAL SPRINGS, FL 33065 US

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

PEROVICH, ROBERT M  
2855 N. UNIVERSITY DRIVE  
SUITE 500  
CORAL SPRINGS, FL 33065 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PEROVICH, ROBERT M  
Address: 2855 N UNIVERSITY DRIVE, SUITE #500  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DST  
Name: DEBRA, PEROVICH J  
Address: 2855 N. UNIVERSITY DRIVE, SUITE #500  
City-St-Zip: CORAL SPRINGS, FL 33065

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: ROBERT M PEROVICH

DR.

01/06/2011

Electronic Signature of Signing Officer or Director

Date