

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083199

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: GEORGE P. AZAR, JR., M.D., P.A.

## Current Principal Place of Business:

C/O ST. JOHN'S OUTPATIENT CLINIC  
3075 NW 35TH AVENUE  
LAUDERDALE LAKES, FL 33311 US

## New Principal Place of Business:

6405 N FEDERAL HWY  
SUITE 300B  
FT LAUDERDALE, FL 33308 US

## Current Mailing Address:

C/O ST. JOHN'S OUTPATIENT CLINIC  
3075 NW 35TH AVENUE  
LAUDERDALE LAKES, FL 33311 US

## New Mailing Address:

6405 N FEDERAL HWY  
SUITE 300B  
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0455252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZAR, GEORGE P JR  
C/O ST. JOHN'S OUTPATIENT CLINIC  
3075 NW 35TH AVE  
LAUDERDALE LAKES, FL 33311 US

## Name and Address of New Registered Agent:

AZAR, GEORGE P JR  
6405 N FEDERAL HWY  
SUITE 300B  
FT LAUDERDALE, FL 33308 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: GEORGE P AZAR JR MD PA

04/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: AZAR, GEORGE P JR  
Address: 6405 N FEDERAL HWY #300B  
City-St-Zip: FT LAUDERDALE, FL 33308 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: GEORGE P AZAR JR MD PA

PRES

04/15/2010

Electronic Signature of Signing Officer or Director

Date