

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026564

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** FLOYD E. SESKIN, M.D., P.A.

**Current Principal Place of Business:**

2999 NE 191 STREET  
SUITE 310  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

21097 NE 27 CT  
SUITE 101  
AVENTURA, FL 33180 US

**Current Mailing Address:**

1921 NE 188TH STREET  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** 65-0478330      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SESKIN, FLOYD E  
1921 NE 188TH ST  
NORTH MIAMI BEACH, FL 33179 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:** P  
**Name:** SESKIN, FLOYD E  
**Address:** 21097 NE 27 CT STE 101  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** V  
**Name:** SESKIN, JACCI  
**Address:** 21097 NE 27 CT STE 101  
**City-St-Zip:** AVENTURA, FL 33180 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: FLOYD E SESKIN

PRES

01/17/2012

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

\_\_\_\_\_  
Date