

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044456

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** STUART E. SINOFF, M.D., P.A.

**Current Principal Place of Business:**

430 MORTON PLANT STREET  
SUITE 402  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

430 MORTON PLANT STREET  
SUITE 402  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 59-3320156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINOFF, STUART E MD  
430 MORTON PLANT STREET  
SUITE 402  
CLEARWATER, FL 33756 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: SINOFF, STUART E  
Address: 430 MORTON PLANT STREET SUITE 402  
City-St-Zip: CLEARWATER, FL 33756

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: STUART E. SINOFF MD

M.D.

01/07/2012

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

\_\_\_\_\_ Date