

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052598

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** HAHN & ADLER INTERNAL MEDICINE & GASTROENTEROLOGY ASSOC., P.A.

**Current Principal Place of Business:**

7390 NW 5TH ST  
SUITE 5  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

7390 NW 5TH ST  
SUITE 5  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 65-0591464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAHN, JEFFREY CPA  
1515 NORTH FEDERAL HIGHWAY S-300  
BOCA RATON, FL 33432 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: STEVEN HAHN  
Address: 7390 NW 5TH ST  
City-St-Zip: PLANTATION, FL 33317 US

Title: VP  
Name: ADLER, JAY  
Address: 7390 NW 5TH ST  
City-St-Zip: PLANTATION, FL 33317 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: STEVEN HAHN

P

01/12/2011

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

\_\_\_\_\_  
Date