

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000032509

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** DOCTOR VISIT, P.A.

**Current Principal Place of Business:**

501 NW 103 AVE  
STE #4  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

20191 E. COUNTRY CLUB DR  
2111  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0744762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SACK, JEFFREY  
20191 E COUNTRY CLUB DRIVE, APT. 2111  
NORTH MIAMI BEACH, FL 33180 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: SACK, JEFFREY  
Address: 20191 E COUNTRY CLUB DRIVE APT. 211  
City-St-Zip: AVENTURA, FL 33180

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: JEFFREY SACK

P

04/25/2011

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

\_\_\_\_\_  
Date