

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000059923

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** BRUCE P. DORMAN, M.D. P.A.

**Current Principal Place of Business:**

311 MANATEE AVENUE E  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

311 MANATEE AVENUE E  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-0766854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORMAN, LORI M  
1001 3RD AVE. W., SUITE 670  
BRADENTON, FL 34205 US

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

DORMAN, LORI M  
515 9TH STREET EAST SUITE 100  
BRADENTON, FL 34208 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DORMAN, BRUCE P MD  
Address: 311 MANATEE AVENUE E  
City-St-Zip: BRADENTON, FL 34208

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: BRUCE DORMAN

PD

04/28/2012

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

\_\_\_\_\_  
Date