# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2011**
**Secretary of State**

DOCUMENT# P97000069863

**Entity Name:** DR. DAVID J. DORFMAN, D.C., P.A.

**Current Principal Place of Business:**

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

520 34TH ST.
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

**New Mailing Address:**

520 34TH ST.
WEST PALM BEACH, FL 33407

**FEI Number: 65-0776514** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DORFMAN, DAVID J
9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411 US

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

DORFMAN, DAVID J
520 34TH ST.
WEST PALM BEACH, FL 33407 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: DAVID J. DORFMAN 04/30/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: DORFMAN, DAVID J
Address: 520 34TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

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: DAVID J. DORFMAN P 04/30/2011
Electronic Signature of Signing Officer or Director Date