

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099976

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** WITTELS SURGICAL INSTITUTE INC.

**Current Principal Place of Business:**

16400 NW 2ND AVE  
SUITE 203  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16400 NW 2ND AVE  
SUITE 203  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0793565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WITTELS, NEAL  
16400 NW 2ND AVE  
STE 203  
NMB, FL 33169 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: D  
Name: WITTELS, NEAL P MD  
Address: 16400 NW 2ND AVE STE 203  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: NEAL P WITTELS, MD

PRES

01/06/2012

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

\_\_\_\_\_ Date