

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043989

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** SALVATORE SENZATIMORE JR., M.D., P.A.

**Current Principal Place of Business:**

1117 NORTH OLIVE AVE  
STE 203  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

2570 TECUMSEH DRIVE  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 65-0833099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SENZATIMORE, SALVATORE  
2570 TECUMSEH DRIVE  
WEST PALM BEACH, FL 33409 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP.  
Name: SENZATIMORE, JR., SALVATORE M.D.  
Address: 1117 N. OLIVE AVE - SUITE 203  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P  
Name: WENGER, JEFFREY S M.D.  
Address: 1117 N. OLIVE AVE - SUITE 203  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TS  
Name: NEIMARK, SIDNEY M.D.  
Address: 1117 N. OLIVE AVE - SUITE 203  
City-St-Zip: WEST PALM BEACH, FL 33401

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: SALVATORE SENZATIMORE

VP

03/03/2010

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

\_\_\_\_\_ Date