

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043989

FILED
Jan 12, 2012
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:

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

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:

SENZATIMORE, SALVATORE
1117 NORTH OLIVE AVE
STE 203
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: _____

Electronic Signature of Registered Agent

01/12/2012

Date

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 JR MD

Electronic Signature of Signing Officer or Director

VP

01/12/2012

Date