

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000069709

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** DRS. FRIEDENSTAB & LUM, P.A.

**Current Principal Place of Business:**

3735 11TH CIRCLE  
SUITE 202  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

3735 11TH CIRCLE  
SUITE 202  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 65-0855518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD.  
ATE A-210  
VERO BEACH, FL 32960 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:** DR  
**Name:** FRIEDENSTAB, ALLEN P M.D.  
**Address:** 5891 BENT PINE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** DR  
**Name:** LUM, KATHARINE S M.D.  
**Address:** 5891 BENT PINE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32967

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:** KATHARINE S LUM

MD

01/07/2011

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

\_\_\_\_\_  
Date