

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015793

Entity Name: ZORAN POTPARIC, M.D., P.A.

FILED  
Jan 04, 2011  
Secretary of State

**Current Principal Place of Business:**

1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0889915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTPARIC, ZORAN M.D.  
1116 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 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: MD  
Name: POTPARIC, ZORAN M.D.  
Address: 1116 E BROWARD BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ZORAN POTPARIC MD PA

P

01/04/2011

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

\_\_\_\_\_ Date