

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019478

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** WALTER M. FINGERER, M.D., P.A.

**Current Principal Place of Business:**

3001 NORTHWEST 49TH AVENUE  
EAST BUILDING, SUITE 207  
LAUDERDALE LAKES, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 NORTHWEST 49TH AVENUE  
EAST BUILDING, SUITE 207  
LAUDERDALE LAKES, FL 33313 US

**New Mailing Address:**

**FEI Number:** 65-0899084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

FINGERER, WALTER M MD  
3001 NORTHWEST 49TH AVENUE  
EAST BUILDING, SUITE 207  
LAUDERDALE LAKES, FL 33313 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FINGERER, WALTER M  
Address: 3001 NW 49TH AVE #207  
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

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: WALTER FINGERER

PRES

04/29/2011

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

\_\_\_\_\_  
Date