

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000077995

Entity Name: DAVID RITTER, M.D., P.A.

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

21644 STATE RD 7  
BOCA RATON, FL 334281899 US

**New Principal Place of Business:**

**Current Mailing Address:**

6234 NW 23RD TER  
BOCA RATON, FL 334963615 US

**New Mailing Address:**

FEI Number: 65-0944990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RITTER, DAVID P M.D.  
6234 NW 23RD TER  
BOCA RATON, FL 334963615 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: PD  
Name: RITTER, DAVID P MD  
Address: 6234 NW 23RD TER  
City-St-Zip: BOCA RATON, FL 334963615 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: DAVID P RITTER MD

PD

01/24/2010

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

\_\_\_\_\_  
Date