# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2011**
**Secretary of State**

DOCUMENT# P99000104454

**Entity Name:** NEIL SHECHTMAN, M.D., P.A.

**Current Principal Place of Business:**

316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number: 65-0968199** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHECHTMAN, NEIL
316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852 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: SHECHTMAN, NEIL S PRESIDE
Address: 316 WEST INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: O
Name: DAWN, SHECHTMAN VP
Address: 316 WEST INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

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: NEIL SHECHTMAN MD PRES 04/21/2011

Electronic Signature of Signing Officer or Director — Date