

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24521

FILED  
May 31, 2012  
Secretary of State

**Entity Name:** TRUCHELUT & CHRISS, M.D., P.A.

**Current Principal Place of Business:**

1925 MIZELL AVE.  
SUITE 302  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1925 MIZELL AVE.  
SUITE 302  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3047042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GERSHOW, ELLEN R.  
203 NE 1ST ST.  
GAINESVILLE, FL 32601 US

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

TRUCHELUT, TRACY MD  
1925 MIZELL AVE  
302  
WINTER PARK, FL 32792 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: TRACY TRUCHELUT

05/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRUCHELUT, TRACY A., M.D  
Address: 1925 MIZELL AVE., #302  
City-St-Zip: WINTER PARK, FL 32792

Title: VP  
Name: CHRISS, LISA W MD  
Address: 1925 MIZELL AVE, STE 302  
City-St-Zip: WINTER PARK, FL 32792

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: TRACY TRUCHELUT

P

05/31/2012

Electronic Signature of Signing Officer or Director

Date