

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56704

FILED
Mar 16, 2011
Secretary of State

Entity Name: WEST FLORIDA MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3060062 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FREEDLAND, CURTIS, D.O.
5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY, FL 34652 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: DP
Name: FREEDLAND, CURTIS P DO
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS
Name: STAFFETTI, JOSEPH F MD
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: GHANEKAR, DILIP V MD
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CURTIS FREEDLAND

DP

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date