

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S56998

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Entity Name:** SIEGFRIED K. HOLZ, M.D., P.A.

**Current Principal Place of Business:**

3830 S FLORIDA AVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

3830 S FLORIDA AVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 59-3278844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVA, DRIER  
1885 SHORE DR S  
431  
SOUTH PASADENA, FL 33707 US

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

CLARKE, PHILIP K  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33602 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: PHILIP K. CLARKE

11/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HOLZ, SIEGFRIED K.  
Address: 3830 S. FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33813 US

Title: CFO  
Name: HOLZ, NICHOLE  
Address: 3830 S. FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33813 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: SIEGFRIED K. HOLZ

PSD

11/02/2011

Electronic Signature of Signing Officer or Director

Date