

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06661

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** PAUL ZIDEL, M.D., P.A.

**Current Principal Place of Business:**

2601 E. ROOSEVELT ST.  
DEPARTMENT OF SURGERY  
PHOENIX, AZ 85008

**New Principal Place of Business:**

6020 E. HUNTRESS DRIVE  
PARADISE VALLEY, AZ 85253

**Current Mailing Address:**

2601 E. ROOSEVELT ST.  
DEPARTMENT OF SURGERY  
PHOENIX, AZ 85008

**New Mailing Address:**

6020 E. HUNTRESS DRIVE  
PARADISE VALLEY, AZ 85253

FEI Number: 65-0308723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KNIGHT, CORY  
2501 HOLLYWOOD BLVD.  
SUITE 110-A  
HOLLYWOOD, FL 33020 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: PD  
Name: ZIDEL, PAUL MD  
Address: 6020 E. HUNTRESS DRIVE  
City-St-Zip: PARADISE VALLEY, AZ 85253

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: PAUL ZIDEL, M.D.

PRES

03/16/2011

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

\_\_\_\_\_ Date