

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71895

FILED
Jan 22, 2012
Secretary of State

Entity Name: BARBARA A. NITSCH, M.D., P.A.

Current Principal Place of Business:

12230 FOREST HILL BLVD.
SUITE 110Y
WPB, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12230 FOREST HILL BLVD.
SUITE 110Y
WPB, FL 33414 US

New Mailing Address:

FEI Number: 65-0371806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON, FL 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: NITSCH, BARBARA
Address: 12230 FOREST HILL BLVD. SUITE 110Y
City-St-Zip: WPB, FL 33414

Title: PST
Name: NITSCH, BARBARA
Address: 12230 FOREST HILL BLVD. SUITE 110Y
City-St-Zip: WPB, FL 33414

Title: PST
Name: NITSCH, BARBARA A DR.
Address: 12230 FOREST HILL BLVD. SUITE 110 Y
City-St-Zip: WELLINGTON, FL 33414

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: DR. BARBARA NITSCH MD

PST

01/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date