

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 578725

**Entity Name:** WEITZNER,M.D., YONKER,D.O. AND KAINE, M.D.,P.A.

**Current Principal Place of Business:**

1945 VERSAILLES ST  
SARASOTA, FL 34239

**Current Mailing Address:**

1945 VERSAILLES ST  
2ND FLOOR  
SARASOTA, FL 34239 US

**FEI Number:** 59-1842511

**Certificate of Status Desired:** No

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

WEITZNER, RONALD I.  
1945 VERSAILLES ST  
2ND FLOOR  
SARASOTA, FL 34239 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEITZNER, RONALD I.  
Address        1945 VERSAILLES ST  
                  2ND FLOOR  
City-State-Zip: SARASOTA FL 34239

Title            VICE PRESIDENT, SECRETARY  
Name            YONKER, RICHARD A.  
Address        1945 VERSAILLES ST  
                  2ND FLOOR  
City-State-Zip: SARASOTA FL 34239

Title            PARTNER  
Name            KAINE, JEFFREY L.  
Address        1945 VERSAILLES ST  
                  2ND FLOOR  
City-State-Zip: SARASOTA FL 34239

*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:** RICHARD A. YONKER

**VICE PRESIDENT,  
SECRETARY**

**05/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date