

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000017276

**Entity Name:** DOUGLAS E. POLITZ, M.D., P.A.

**Current Principal Place of Business:**

2400 CYPRESS GLEN DR  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

1506 S. ALBANY AVE  
TAMPA, FL 33606

**FEI Number:** 20-8407686

**Certificate of Status Desired:** No

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

POLITZ, DOUGLAS E  
1506 S ALBANY AVE  
TAMPA, FL 33606 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            PRES  
Name            POLITZ, DOUGLAS E  
Address        1506 S ALBANY AVE  
City-State-Zip: TAMPA FL 33606

Title            TRES  
Name            POLITZ, DOUGLAS E  
Address        1506 S ALBANY AVE  
City-State-Zip: TAMPA FL 33606

Title            SECT  
Name            POLITZ, DOUGLAS E  
Address        1506 S ALBANY AVE  
City-State-Zip: TAMPA FL 33606

Title            DIR  
Name            POLITZ, DOUGLAS E  
Address        1506 S ALBANY AVE  
City-State-Zip: TAMPA FL 33606

*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:** DOUGLAS E POLITZ

MD

01/17/2016

Electronic Signature of Signing Officer/Director Detail

Date