

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V71895

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

**Current Principal Place of Business:**

12012 SOUTHSORE BLVD  
SUITE 208  
WELLINGTON, FL 33414

**FILED**  
**Mar 25, 2016**  
**Secretary of State**  
**CC6303629049**

**Current Mailing Address:**

12012 SOUTHSORE BLVD  
SUITE 208  
WELLINGTON, FL 33414 US

**FEI Number: 65-0371806**

**Certificate of Status Desired: No**

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

FRIEDMAN, ANDREW R.  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON, FL 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 DR.  
Name NITSCH, BARBARA  
Address 12012 SOUTHSORE BLVD  
SUITE 208  
City-State-Zip: WELLINGTON FL 33414

Title PST  
Name NITSCH, BARBARA  
Address 12012 SOUTHSORE BLVD  
SUITE 208  
City-State-Zip: WELLINGTON FL 33414

Title PST  
Name NITSCH, BARBARA ADR.  
Address 12012 SOUTHSORE BLVD  
SUITE 208  
City-State-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: BARBARA NITSCH**

**PST**

**03/25/2016**

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

\_\_\_\_\_  
Date