

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H09181

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** OBROCHTA CENTER FOR DENTAL HEALTH STEPHEN P. OBROCHTA D.D.S. P.A.

**Current Principal Place of Business:**

4464 CENTRAL AVE.  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4464 CENTRAL AVE.  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

**FEI Number:** 59-2415901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBROCHTA, STEPHEN P.  
4464 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711 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: OBROCHTA, STEPHEN P.  
Address: 4464 CENTRAL AVENUE  
City-St-Zip: SAINT PETERSBURG, FL 33711

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: STEPHEN P. OBROCHTA

DR

01/06/2011

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

\_\_\_\_\_  
Date