

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115259

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: AARON MEMON, DMD P.A.

**Current Principal Place of Business:**

15101 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

15101 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 20-5495923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEMON, AARON M DR.  
6096 PONCE DE LEON BLVD  
NORTH PORT, FL 34291 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: MEMON, AARON M  
Address: 6096 PONCE DE LEON BLVD  
City-St-Zip: NORTH PORT, FL 34287

Title: VP  
Name: ASHBURN, KIMBERLY  
Address: 6096 PONCE DE LEON BLVD.  
City-St-Zip: NORTH PORT, FL 34291

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: KIMBERLY ASHBURN

VP

02/10/2012

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

\_\_\_\_\_ Date