

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003140

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** JUSTIN J. KATSUR, DMD, P.A.

**Current Principal Place of Business:**

3628 ETHAN LANE  
ORLANDO, FL 32814 US

**New Principal Place of Business:**

2465 LAKE BALDWIN LANE  
ORLANDO, FL 32814 US

**Current Mailing Address:**

3628 ETHAN LANE  
ORLANDO, FL 32814 US

**New Mailing Address:**

2465 LAKE BALDWIN LANE  
ORLANDO, FL 32814 US

**FEI Number:** 26-1715014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATSUR, JUSTIN J  
3628 ETHAN LANE  
ORLANDO, FL 32814 US

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

KATSUR, JUSTIN J  
2465 LAKE BALDWIN LANE  
ORLANDO, FL 32814 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:

02/09/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KATSUR, JUSTIN J  
Address: 2465 LAKE BALDWIN LANE  
City-St-Zip: ORLANDO, FL 32814 US

Title: VP  
Name: KATSUR, JUSTIN J  
Address: 2465 LAKE BALDWIN LANE  
City-St-Zip: ORLANDO, FL 32814 US

Title: S  
Name: KATSUR, JUSTIN J  
Address: 2465 LAKE BALDWIN LANE  
City-St-Zip: ORLANDO, FL 32814 US

Title: T  
Name: KATSUR, JUSTIN J  
Address: 2465 LAKE BALDWIN LANE  
City-St-Zip: ORLANDO, FL 32814 US

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: JUSITN J. KATSUR

P

02/09/2012

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

\_\_\_\_\_  
Date