

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083972

FILED
Mar 16, 2011
Secretary of State

Entity Name: CHRISTOPHER M. GERIC, D.M.D., P.A.

Current Principal Place of Business:

8225 SEVEN MILE DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

4788 HODGES BLVD.
SUITE #208
JACKSONVILLE, FL 32224 1

Current Mailing Address:

8225 SEVEN MILE DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

4788 HODGES BLVD.
SUITE #208
JACKSONVILLE, FL 32224 1

FEI Number: 27-1092267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERIC, CHRISTOPHER M D.M.D.
8225 SEVEN MILE DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

GERIC, CHRISTOPHER M D.M.D.
8225 SEVEN MILE DRIVE
SUITE 208
PONTE VEDRA BEACH, FL 32082 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: CHRISTOPHER M. GERIC

03/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: GERIC, CHRISTOPHER M D.M.D.
Address: 8225 SEVEN MILE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DR.
Name: GERIC, CHRISTOPHER M
Address: 4788 HODGES BLVD. SUITE #208
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR.
Name: GERIC, CHRISTOPHER M
Address: 4788 HODGES BLVD. #208
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR.
Name: GERIC, CHRISTOPHER
Address: 4788 HODGES BLVD. #208
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR.
Name: GERIC, CHRISTOPHER
Address: 4788 HODGES BLVD. #208
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR.
Name: GERIC, CHRISTOPHER
Address: 4788 HODGES BLVD. #208
City-St-Zip: JACKSONVILLE, FL 32224

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: CHRISTOPHER M. GERIC

DR.

03/16/2011

Electronic Signature of Signing Officer or Director

Date