

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023549

FILED
Mar 19, 2011
Secretary of State

Entity Name: WEITH DENTAL CARE, P.A.

Current Principal Place of Business:

3109 W SWANN AVE
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3109 W SWANN AVE
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3235778 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEITH, WILLIAM
5486 FRAIRSWAY DR.
TAMPA, FL 33624 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: WEITH, WILLIAM PRES
Address: 5486 FRIARSWAY DR.
City-St-Zip: TAMPA, FL 33624

Title: DR.
Name: WEITH, CAROL C SEC/TRE
Address: 5486 FRIARSWAY DR.
City-St-Zip: TAMPA, FL 33624

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: CAROL C. WEITH

SEC

03/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date