

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101634

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** JAYSHREE A. PATEL, D.D.S., P.A.

**Current Principal Place of Business:**

5310 TIMQUANA ROAD  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

5310 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

5310 TIMQUANA ROAD  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

5310 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210 US

FEI Number: 59-3422031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWARD, SHEFFIELD J  
6101 GAZEBO PARK PL N  
JACKSONVILLE, FL 32257 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: PSTD  
Name: PATEL, JAYSHREE A  
Address: 5310 TIMUQUANA ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

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: JAYSHREE A. PATEL

PRES

02/18/2012

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

\_\_\_\_\_ Date