

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076584

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** SHARON BOWERS MCCRARY, D.M.D., P.A.

**Current Principal Place of Business:**

3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

FEI Number: 59-3531551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCRARY, SHARON B D.M.D.  
3231 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119 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: P  
Name: MCCRARY, SHARON B  
Address: 133 CORAL CIRCLE  
City-St-Zip: SOUTH DAYTONA, FL 32119

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: SHARON B. MCCRARY

DENT

04/14/2011

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

\_\_\_\_\_ Date