

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075976

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** GREGORY C. STEPANSKI, D.D.S., P.A.

**Current Principal Place of Business:**

10317 B CROSS CREEK BLVD.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

10317B CROSS CREEK BLVD  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-3596756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPANSKI, GREGORY DDS  
10317B CROSS CREEK BLVD  
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEPANSKI, GREGORY C DDS  
Address: 10317B CROSS CREEK BLVD.  
City-St-Zip: TAMPA, FL 33647

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: GREGORY C STEPANSKI DDS

PRES

03/04/2010

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

\_\_\_\_\_ Date