

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01291

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** AGERICO M. SAYOC, D.M.D., M.S.D., P.A.

**Current Principal Place of Business:**

13167 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13167 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 59-3036521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAYOC, AGERICO M DMD,MSD  
4940 BLANDING BLVD  
JACKSONVILLE, FL 32210 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: DMD  
Name: SAYOC, AGERICO M.  
Address: 8942 IRONGATE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: AGERICO M. SAYOC, D.M.D.

PRES

01/21/2010

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

\_\_\_\_\_ Date