

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65736

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** FREDERICK E. KNOLL, D.D.S., P.A.

**Current Principal Place of Business:**

C/O FREDERICK E. KNOLL DDS  
951 NW 167 STREET, #208  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FREDERICK E. KNOLL DDS  
951 NW 167 STREET, #208  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 59-2159928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KNOLL, FREDERICK E., D.D.S.  
951 NE 167 STREET  
SUITE 208  
N MIAMI BEACH, FL 33162 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: PD  
Name: KNOLL, FREDERICK E  
Address: 951 NE 167TH ST #208  
City-St-Zip: N MIAMI BCH, FL

Title: T  
Name: KNOLL, ANNE  
Address: 951 NE 167TH ST #208  
City-St-Zip: N MIAMI BCH, FL

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: FREDERICK E KNOLL

PD

01/04/2012

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

\_\_\_\_\_ Date