

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115259

Entity Name: AARON MEMON, DMD P.A.

Current Principal Place of Business:

15101 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

15101 TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number: 20-5495923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEMON, AARON MDR.
6096 PONCE DE LEON BLVD
NORTH PORT, FL 34291 US

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

Officer/Director Detail :

Title DR.
Name MEMON, AARON M
Address 6096 PONCE DE LEON BLVD
City-State-Zip: NORTH PORT FL 34287

Title VP
Name ASHBURN, KIMBERLY
Address 6096 PONCE DE LEON BLVD.
City-State-Zip: NORTH PORT FL 34291

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: KIMBERLY C ASHBURN

V.P.

04/17/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date