

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466656

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** DARYL E. ASKELAND, D.M.D., P.A.

**Current Principal Place of Business:**

2000 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

2000 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-1564367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ASKELAND, DARYL E DMD  
2000 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937 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: PST  
Name: ASKELAND, DARYL E DMD  
Address: 2000 SOUTH PATRICK DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: DARYL ASKELAND, DMD

DR

03/03/2011

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

\_\_\_\_\_ Date