

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540559

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** LEWIS E. CARROLL, D.D.S., P.A.

**Current Principal Place of Business:**

15801 NO. BISCAYNE BLVD.  
STE 200  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

15801 NO. BISCAYNE BLVD.  
STE 200  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 59-1754423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, LEWIS E., D.D.S., P.A.  
15801 NO. BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160 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: CARROLL, LEWIS E.  
Address: 7420 MONACO STREET  
City-St-Zip: CORAL GABLES, FL

Title: VP  
Name: CARROLL, DAVID  
Address: 400 RIVO ALTO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: LEWIS E CARROLL

PD

04/20/2012

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

\_\_\_\_\_  
Date