

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588184

FILED  
Feb 05, 2011  
Secretary of State

**Entity Name:** CHARLES A. D'AMICO, D.D.S., P.A.

**Current Principal Place of Business:**

3632 BENEVA OAKS BLVD  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

3632 BENEVA OAKS BLVD  
SARASOTA, FL 34238 US

**New Mailing Address:**

FEI Number: 59-1849943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

D'AMICO, CHRLES A. D.D.S.  
3632 BENEVA OAKS BLVD  
SARASOTA, FL 34238 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: PTD  
Name: D'AMICO, CHARLES A. DDS  
Address: 3632 BENEVA OAKS BLVD  
City-St-Zip: SARASOTA, FL 34238 US

Title: S  
Name: D'AMICO, CHARLES A.  
Address: 3632 BENEVA OAKS BLVD  
City-St-Zip: SARASOTA, FL 34238 US

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: CHARLES D'AMICO

P

02/05/2011

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

\_\_\_\_\_ Date