

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600839

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** HEATHER L. ALTON, D.M.D., P.A.

**Current Principal Place of Business:**

8841 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8841 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-1231331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTON, HEATHER L DMD  
8841 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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: PRES  
Name: ALTON, HEATHER L DMD  
Address: 8841 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD  
Name: ALTON, HEATHER  
Address: 8841 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

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: HEATHER L. ALTON

PRES

04/20/2011

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

\_\_\_\_\_ Date