

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603044

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** TIMOTHY G. HERRING, D.M.D., P.A.

**Current Principal Place of Business:**

1445 S OSPREY AVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1445 S OSPREY AVE  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 59-1357397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRING, ALISA J  
1445 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239 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: DPT  
Name: HERRING, TIMOTHY G.  
Address: 1445 S. OSPREY AVE.  
City-St-Zip: SARASOTA, FL

Title: SEC  
Name: HERRING, ALISA J  
Address: 1445 S. OSPREY AVE.  
City-St-Zip: SARASOTA, FL

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: ALISA J HERRING

SEC

04/05/2011

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

\_\_\_\_\_ Date