

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603939

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** DENNIS G. RAITT, D.D.S., P.A.

**Current Principal Place of Business:**

2532 CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2532 CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-1425913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAITT, DENNIS G., DDS  
2532 CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308 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: PSTD  
Name: RAITT, DENNIS G.  
Address: 2532 CAPITAL MEDICAL BLV  
City-St-Zip: TALLAHASSEE, FL

Title: V  
Name: RAITT, JANINE  
Address: 2532 CAPITAL MEDICAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

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: DENNIS RAITT

DR

01/16/2012

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

\_\_\_\_\_  
Date