

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604183

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** ROBERT D. FOLLWEILER, D.D.S., P.A.

**Current Principal Place of Business:**

901 E. OCEAN BOULEVARD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

901 E. OCEAN BOULEVARD  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 59-1936354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLLWEILER, ROBERT D  
901 E OCEAN BLVD  
STUART, FL 34994 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: PS  
Name: FOLLWEILER, ROBERT D  
Address: 901 E OCEAN BLVD  
City-St-Zip: STUART, FL 34994 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: ROBERT FOLLWEILER

PRES

02/21/2011

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

\_\_\_\_\_ Date