

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685829

**FILED**  
**Jun 17, 2012**  
**Secretary of State**

**Entity Name:** FRANK M. ADDABBO, D.D.S., P.A.

**Current Principal Place of Business:**

6001 VINELAND RD  
SUITE #119  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

6102 CHES CT.  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-2018767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADDABBO, FRANK M DDS  
6102 CHES CT.  
ORLANDO, FL 32819 US

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

ADDABBO, FRANK M DDS  
6102 CHES CT.  
119  
ORLANDO, FL 32819 US

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

06/17/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: ADDABBO, FRANK M DDS  
Address: 6102 CHES CT.  
City-St-Zip: ORLANDO, FL 32819 US

Title: S  
Name: ADDABBO, JUDITH B  
Address: 6102 CHES CT.  
City-St-Zip: ORLANDO, FL 32819 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: FRANK M. ADDABBO, DDS

PRES

06/17/2012

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

\_\_\_\_\_  
Date