

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F49853

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** JAMES R. REHAK, D.D.S, P.A.

**Current Principal Place of Business:**

5100 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

5100 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 59-2148941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REHAK, JAMES R  
5100 TAMIAMI TRAIL NO  
NAPLES, FL 34103 US

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

REHAK, JOANNE  
5100 TAMIAMI TRAIL NO  
NAPLES, FL 34103 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: JOANNE REHAK

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REHAK, JAMES R  
Address: 5100 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103

Title: ST  
Name: REHAK, JOANNE  
Address: 5100 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103

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: JOANNE REHAK

TREA

04/25/2011

Electronic Signature of Signing Officer or Director

Date