

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66147

FILED
Jun 13, 2012
Secretary of State

Entity Name: DON M. WILKINS, D.D.S., M.S.D., P.A.

Current Principal Place of Business:

879 STATE ROAD 436
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

880 INDIANOLA DRIVE
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2146242 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKINS, DON M D.D.S.
880 INDIANOLA DRIVE
MERRITT ISLAND, FL 32953 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: P
Name: WILKINS, DON M D.D.S.
Address: 880 INDIANOLA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VS
Name: WILKINS, DON M D.D.S.
Address: 880 INDIANOLA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 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: DON M. WILKINS DDS

PRES

06/13/2012

Electronic Signature of Signing Officer or Director

Date