

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78902

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** MICHAEL J. MIHALCIK, D.M.D., P.A.

**Current Principal Place of Business:**

704 N PALM BOULEVARD  
NICEVILLE, FL 325781238

**New Principal Place of Business:**

**Current Mailing Address:**

704 N PALM BOULEVARD  
NICEVILLE, FL 325781238

**New Mailing Address:**

FEI Number: 59-2182442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIHALCIK, MICHAEL J.  
704 N PALM BLVD  
NICEVILLE, FL 32578 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: PD  
Name: MIHALCIK, MICHAEL J.  
Address: 704 N PALM BLVD.  
City-St-Zip: NICEVILLE, FL 32578

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: MICHAEL J. MIHALCIK

PD

01/14/2011

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

\_\_\_\_\_ Date