2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F82284

Entity Name: MICHAEL D. SWITKES, D.D.S., P.A.

Current Principal Place of Business:

9857 ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

9857 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 US

Current Mailing Address:

9857 ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 US

New Mailing Address:

9857 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 US

FEI Number: 59-2200586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWITKES, MICHAEL DDS PA
9857 ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SWITKES, MICHAEL DDS PA
9857 OLD ST AUGUSTINE ROAD
SUITE 3
JACKSONVILLE, FL 32257 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: 01/04/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SWITKES, MICHAEL D
Address: 9857 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SECT
Name: SWITKES, CATHERINE
Address: 9857 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

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 D SWITKES PRES 01/04/2011
Electronic Signature of Signing Officer or Director Date