

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F83809

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ACKLEY, ACKLEY & WISE, D.M.D.'S, P.A.

**Current Principal Place of Business:**

1530 PINEHURST DR.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

1530 PINEHURST DR.  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 59-2209155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACKLEY, RODNEY S  
1530 PINEHURST DR.  
SPRING HILL, FL 34606 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: ACKLEY, RODNEY S  
Address: 5012 WEST SHORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: ACKLEY, EVA F  
Address: 5012 WEST SHORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD  
Name: WISE,, KATARINA DR  
Address: 305 LAKE KELL COURT  
City-St-Zip: LUTZ, FL 33549

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: RODNEY S. ACKLEY

DR.

04/19/2011

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

\_\_\_\_\_  
Date