

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88583

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** ROBERT E. POWELL, D.D.S., P.A.

**Current Principal Place of Business:**

C/O ROBERT E. POWELL D.D.S.  
2221 N. UNIVERSITY DR.#D  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT E. POWELL D.D.S.  
2221 N. UNIVERSITY DR.#D  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 59-2196915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, ROBERT E., D.D.S.  
2301 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL US

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

POWELL, ROBERT E., D.D.S.  
2221 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 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:

03/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: POWELL, ROBERT E DDS  
Address: 2221 N UNIV DR  
City-St-Zip: PEMBROKE PINES, FL

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: ROBERT POWELL DDS PA

PRES

03/29/2010

Electronic Signature of Signing Officer or Director

Date