

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G00529

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** FREDERICK E. HOSLEY, D.D.S., P.A.

**Current Principal Place of Business:**

2127 COACHMAN ROAD, N.E.  
CLEARWATER, FL 33765

**New Principal Place of Business:**

20371 SE 115TH AVE  
INGLIS, FL 34449

**Current Mailing Address:**

2127 COACHMAN ROAD, N.E.  
CLEARWATER, FL 33765

**New Mailing Address:**

PO BOX 95  
INGLIS, FL 34449

**FEI Number:** 59-2221855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOSLEY, FREDERICK E.  
2127 COACHMAN ROAD, N.E.  
CLEARWATER, FL 33765 US

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

HOSLEY, FREDERICK E.  
20371 SE 115TH AVE  
INGLIS, FL 34449 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:

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOSLEY, FREDERICK E DDS  
Address: 20371 SE 115TH AVE  
City-St-Zip: INGLIS, FL 34449

Title: S  
Name: HOSLEY, CAMILLE H HOSLEY  
Address: 20371 SE 115TH AVE  
City-St-Zip: INGLIS, FL 34449

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: FREDERICK E. HOSLEY, DDS

PRES

02/06/2012

Electronic Signature of Signing Officer or Director

Date