

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01959

FILED
Feb 02, 2011
Secretary of State

Entity Name: NORMAN F. ARCHAMBO, D.M.D., A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

500 HWY. 19 S.
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

500 HWY. 19 S.
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-2228789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARCHAMBO, NORMAN F
500 N. HWY 19 S.
PALATKA, FL 32177 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: ARCHAMBO, NORMAN F
Address: 500 HWY. 19 S.
City-St-Zip: PALATKA, FL 32177

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: NORMAN F ARCHAMBO

PD

02/02/2011

Electronic Signature of Signing Officer or Director

Date