

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20104

FILED
Jun 16, 2010
Secretary of State

Entity Name: MARK A. PIPER, D.M.D., M.D., P.A.

Current Principal Place of Business:

THE PIPER CLINIC
111 2ND AVE. N.E., SUITE 1006
ST PETERSBURG, FL 337013 US

New Principal Place of Business:

THE PIPER CLINIC
111 2ND AVE. N.E., SUITE 1006
ST PETERSBURG, FL 33701 US

Current Mailing Address:

THE PIPER CLINIC
111 2ND AVE. N.E., SUITE 1006
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2441639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIPER, MARK A
111 2ND AVE. NORTHEAST
SUITE 1006
ST PETERSBURG, FL 33701 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: PRES
Name: PIPER, MARK A DMD, MD
Address: 111 2ND AVE. NE #1006
City-St-Zip: ST PETERSBURG, FL 33701 US

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: MARK A PIPER

PRES

06/16/2010

Electronic Signature of Signing Officer or Director

Date