

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32728

FILED  
Jan 21, 2012  
Secretary of State

**Entity Name:** MICHAEL J. ADAMS D.D.S. AND PAMELA GOLASZ ADAMS S D.D.S., M.S., P.A.

**Current Principal Place of Business:**

15 N. MISSOURI AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

15 N. MISSOURI AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 59-2471792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, PAMELA GOLASZ  
15 NORTH MISSOURI AVE.  
CLEARWATER, FL 33755 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: PT  
Name: ADAMS, PAMELA GOLASZ  
Address: 401 BAYVIEW DR  
City-St-Zip: BELLEAIR, FL 33756

Title: VPS  
Name: ADAMS, MICHAEL J.  
Address: 401 BAYVIEW DR  
City-St-Zip: BELLEAIR, FL 33756

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: MICHAEL J ADAMS

MGRN

01/21/2012

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

\_\_\_\_\_ Date