

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44755

FILED
Feb 16, 2011
Secretary of State

Entity Name: CINDY C. MOORE, D.M.D., P.A.

Current Principal Place of Business:

5420 NORTH LAKEWOOD DRIVE
PARKER, FL 32404

New Principal Place of Business:

Current Mailing Address:

5420 NORTH LAKEWOOD DRIVE
PARKER, FL 32404

New Mailing Address:

FEI Number: 59-2507585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CINDY C DMD
5420 NORTH LAKEWOOD DRIVE
PARKER, FL 32404 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: DR
Name: MOORE, CINDY C
Address: 5420 NORTH LAKEWOOD DRIVE
City-St-Zip: PARKER, FL 32404

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: CINDY C MOORE, DMD

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date