

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59657

FILED  
May 10, 2010  
Secretary of State

**Entity Name:** JAMES T. CROWTHER, D.M.D., P.A.

**Current Principal Place of Business:**

DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 59-2541612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CROWTHER, JAMES T.  
DR. JAMES T. CROWTHER  
272 E. GRAVES AVE.  
ORANGE CITY, FL 32763 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVTs  
Name: CROWTHER, JAMES T  
Address: 272 E. GRAVES AVE.  
City-St-Zip: ORANGE CITY, FL 32763

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: JAMES T CROWTHER

PVTs

05/10/2010

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

\_\_\_\_\_ Date