

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46145

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** CARR & CARR, D.D.S., P.A.

**Current Principal Place of Business:**

3385 BURNS RD.  
SUITE 104  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

3385 BURNS RD.  
SUITE 104  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 59-2740803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARR, BEVERLY A DDS  
3385 BURNS RD.  
SUITE 104  
PALM BEACH GARDENS, FL 33410 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: DPAS  
Name: CARR, BEVERLY A DDS  
Address: 3385 BURNS RD. SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: ST  
Name: CARR, ELAINE M DDS  
Address: 3385 BURNS RD. SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: BEVERLY CARR

PRES

04/26/2012

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

\_\_\_\_\_  
Date