

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07897

FILED
Mar 20, 2012
Secretary of State

Entity Name: CYPRESS POINT DENTISTRY P.A.

Current Principal Place of Business:

105 CYPRESS POINT PARKWAY
A
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

105 CYPRESS POINT PARKWAY
A
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-2860813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKE PILE
1655 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117 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: D
Name: DORNE, WILLIAM PADGETT
Address: 105 CYPRESS POINT PARKWAY SUITE A
City-St-Zip: PALM COAST, FL 32164

Title: PD
Name: ROCKEY, D.S. (PAT)
Address: 105 CYPRESS POINT PARKWAY SUITE A
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: SECUNDA, RICHARD M.
Address: 105 CYPRESS POINT PARKWAY SUITE A
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: MAGEE, SHAWN P
Address: 105 CYPRESS POINT PARKWAY SUITE A
City-St-Zip: PALM COAST, FL 32164 US

Title: D
Name: MAGEE, JESSIE B
Address: 105 CYPRESS POINT PARKWAY SUITE A
City-St-Zip: PALM COAST, FL 32164 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: WILLIAM P DORNE

D

03/20/2012

Electronic Signature of Signing Officer or Director

_____ Date