

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K63438

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** KAMILLA SZTANKO, D.M.D., P.A.

**Current Principal Place of Business:**

3830 TAMPA RD.  
100  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3830 TAMPA RD.  
100  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-2930723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZTANKO, KAMILLA DMD  
3830 TAMPA ROAD  
SUITE 100  
PALM HARBOR, FL 34684 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: DMD  
Name: SZTANKO, KAMILLA  
Address: 3830 TAMPA ROAD  
City-St-Zip: PALM HARBOR, FL 34684

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: KAMILLA SZTANKO

DR.

03/03/2011

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

\_\_\_\_\_  
Date