

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26957

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** EVELYN L. HERRERA, D.M.D., P.A.

**Current Principal Place of Business:**

2292 MAYPORT RD  
SUITE 17  
JACKSONVILLE, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

2292 MAYPORT RD  
SUITE 17  
JACKSONVILLE, FL 32233

**New Mailing Address:**

FEI Number: 59-2973959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRERA, EVELYN L.  
2292 MAYPORT RD  
SUITE 17  
JACKSONVILLE, FL 32233 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: PVST  
Name: HERRERA DMD PA, EVELYN L.  
Address: 2292 MAYPORT ROAD #17  
City-St-Zip: JACKSONVILLE, FL 32233

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: EVELYN L HERRERA

DMD

01/20/2012

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

\_\_\_\_\_ Date