

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47791

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** PETER B. MCKERNAN, M.D., D.D.S., P.A.

**Current Principal Place of Business:**

6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

6101 WEBB ROAD  
SUITE 211  
TAMPA, FL 33615 US

**New Mailing Address:**

6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

**FEI Number:** 59-2992495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKERNAN, M.D., D.D.S., PETER  
6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

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

MCKERNAN, MD, DDS, PETER  
6101 WEBB RD  
SUITE 211  
TAMPA, FL 33615 US

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:** PETER MCKERNAN, MD, DDS

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCKERNAN, PETER B., MD, DDS  
**Address:** 6101 WEBB RD. #211  
**City-St-Zip:** TAMPA, FL 33615

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:** PETER MCKERNAN MD DDS

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date