# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# L47876

**Entity Name:** DR. EDWARD L. STAUDT, DDS., AND DR. KENNETH L. STAUDT, DDS, MPH, A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

C/O DR. EDWARD L. STAUDT, DDS
944 BRIDGEWATER DRIVE
PORT ORANGE, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. EDWARD L. STAUDT, DDS
944 BRIDGEWATER DRIVE
PORT ORANGE, FL 32119

**New Mailing Address:**

**FEI Number: 59-2995490** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STAUDT, EDWARD L. DDS DR.
944 BRIDGEWATER DRIVE
PORT ORANGE, FL 32119 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: STAUDT, DR. EDWARD L.DDS
Address: 944 BRIDGEWATER DRIVE
City-St-Zip: PORT ORANGE, FL

Title: D
Name: STAUDT, DR. KENNETH L D
Address: 944 BRIDGEWATER DR
City-St-Zip: PT ORANGE, FL

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: EDWARD STAUDT D 01/05/2011

Electronic Signature of Signing Officer or Director — Date