

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61108

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** TOD R. FAWCETT, D.D.S., P.A.

**Current Principal Place of Business:**

8931 CONFERENCE DRIVE  
SUITE 1  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

8931 CONFERENCE DRIVE  
SUITE 1  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0185712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FAWCETT, KIMBERLY  
8931 CONFERENCE DR SUITE 1  
FORT MYERS, FL 33919 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: DR  
Name: FAWCETT, TOD R.  
Address: 1083 BAL ISLE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: MRS  
Name: FAWCETT, KIMBERLY  
Address: 1083 BAL ISLE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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: TOD R. FAWCETT, D.D.S.

PRES

02/16/2011

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

\_\_\_\_\_ Date