

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M81370

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** KAREN GORDON, D.M.D. P.A.

**Current Principal Place of Business:**

KAREN GORDON BARTON  
3990 SHERIDAN ST. SUITE 216  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

KAREN GORDON BARTON  
3990 SHERIDAN ST. SUITE 216  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0050517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON BARTON, KAREN  
3990 SHERIDAN ST #216  
HOLLYWOOD, FL 33021 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: PTS  
Name: GORDON BARTON, KAREN  
Address: 3990 SHERIDAN ST #216  
City-St-Zip: HOLLYWOOD, FL 33021

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: KAREN GORDON

P

01/30/2012

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

\_\_\_\_\_  
Date