

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017179

FILED  
Apr 01, 2012  
Secretary of State

**Entity Name:** TRAN FAMILY DENISTRY, P.A.

**Current Principal Place of Business:**

632 N. SHINE AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

632 N. SHINE AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3623287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODS, JONATHAN D ESQ.  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 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:** PD  
**Name:** TRAN, DAVID T  
**Address:** 632 N. SHINE AVENUE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** VP  
**Name:** TRAN, DAVID T  
**Address:** 632 N. SHINE AVENUE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** PT  
**Name:** TRAN, DAVID T  
**Address:** 632 N. SHINE AVENUE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** VS  
**Name:** TRAN, DAVID T  
**Address:** 632 N. SHINE AVE.  
**City-St-Zip:** ORLANDO, FL 32803

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:** DAVID TRAN

PD

04/01/2012

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

\_\_\_\_\_  
Date