

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068401

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: JOSEPH M. KILMAN, D.M.D., P.A.

**Current Principal Place of Business:**

1974 SR 44, UNIT 12  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

1214 COMMODORE DR  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

FEI Number: 59-3659081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILMAN, JOSEPH M DMD  
1214 COMMODORE DR  
NEW SMYRNA BEACH, FL 32168 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: P  
Name: KILMAN, JOSEPH M DMD  
Address: 1214 COMMODORE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V  
Name: KILMAN, ANITA M  
Address: 1214 COMMODORE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T  
Name: KILMAN, AARON  
Address: 5965 BOGGS FORD RD  
City-St-Zip: PORT ORANGE, FL 32127

Title: S  
Name: KILMAN, CAROL Y  
Address: 242 GARY AVE  
City-St-Zip: OAKHILL, FL 32725

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: JOSEPH M. KILMAN, DMD, PA

PRES

01/05/2011

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

\_\_\_\_\_  
Date