

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068718

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** ALFRED J. TENNANT DDS, P.A.

**Current Principal Place of Business:**

6700 CROSSWINDS DRIVE NORTH  
100C  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6700 CROSSWINDS DRIVE NORTH  
100C  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 65-1033121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TENNANT, ALFRED J  
13954 HARBOR VIEW DR  
SEMINOLE, FL 33776 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: TENNANT, ALFRED J  
Address: 6700 CROSSWINDS DR. N, STE.100-C  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MRS  
Name: DIXON, ALANNA R  
Address: 13954 HARBOR VIEW DR  
City-St-Zip: SEMINOLE, FL 33776

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: ALFRED TENNANT

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01/12/2010

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

\_\_\_\_\_ Date