

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000096857

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** LASCHEID, DDS AND RADER, DMD, P.A.

**Current Principal Place of Business:**

10730 SOUTHEAST FEDERAL HIGHWAY  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

5876 RIVER ISLE DRIVE  
JUPITER, FL 33458 FL

**New Mailing Address:**

**FEI Number:** 65-1042456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASCHEID, PETER J DDS  
10730 SOUTHEAST FEDERAL HIGHWAY  
HOBE SOUND, FL 33455 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: LASCHEID, PETER J DDS  
Address: 10730 SOUTHEAST FEDERAL HIGHWAY  
City-St-Zip: HOBE SOUND, FL 33455

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: PETER J LASCHEID, DDS

DR

01/11/2011

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

\_\_\_\_\_  
Date