

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012671

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** WILLOW WALK FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

13005 SW 1ST ROAD  
SUITE 233  
JONESVILLE, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SW 1ST ROAD  
SUITE 233  
JONESVILLE, FL 32669

**New Mailing Address:**

**FEI Number:** 59-3691043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUSH, CYNTHIA D  
13005 SW 1ST ROAD  
SUITE 233  
JONESVILLE, FL 32669 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: PRES  
Name: BRUSH, CYNTHIA D DMD  
Address: 13005 SW 1ST ROAD, STE 233  
City-St-Zip: JONESVILLE, FL 32669

Title: VP  
Name: BRUSH, MATTHEW T CMA  
Address: 13005 SW 1ST ROAD, STE 233  
City-St-Zip: JONESVILLE, FL 32669

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: MATTHEW T BRUSH

VP

02/09/2011

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

\_\_\_\_\_  
Date