

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000096188

Entity Name: ANTONY A. LEE, D.M.D., P.A.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

745 ORIENTA AVE  
SUITE 1081  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

745 ORIENTA AVE  
SUITE 1081  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 65-1145725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, ANTONY A DMD, PA  
745 ORIENTA AVE  
SUITE 1081  
ALTAMONTE SPRINGS, FL 32701 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: LEE, ANTONY A DMD, PA  
Address: 745 ORIENTA AVE SUITE 1081  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ANTONY A. LEE

DR.

04/27/2011

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

\_\_\_\_\_  
Date