## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000096473

Entity Name: FERESHTEH P. TABA, D.D.S., P.A.

FILED Jan 07, 2011 Secretary of State

| Current Principal Place of Business:  |                             | New Principal Place of Business:  |                                      |
|---|-----------------------------|-----------------------------------|--------------------------------------|
| 12420 SAN JOSE BLVD.<br>SUITE ONE<br>JACKSONVILLE, FL 32223                             |                             |                                   |                                      |
| Current Mailing Address:  |                             | New Mailing Address:              |                                      |
| 12420 SAN JOSE BLVD.<br>SUITE ONE<br>JACKSONVILLE, FL 32223                             |                             |                                   |                                      |
| FEI Number: 59-3749510 FEI N  | lumber Applied For()        | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                             |                                   | New Registered Agent:                |
| MAXWELL, RONALD W<br>4800 BEACH BLVD., STE. #5<br>JACKSONVILLE, FL 32207486             | 5 US                        |                                   |                                      |
| The above named entity submit in the State of Florida.                                  | s this statement for the pu | urpose of changing its registered | office or registered agent, or both, |
| SIGNATURE:  |                             |                                   |                                      |
| Electronic Sigr   | nature of Registered Age    | nt                                | Date                                 |
|   |                             |                                   |                                      |
| OFFICERS AND DIRECTORS  | <u>.</u>                    |                                   |                                      |

Title: DDS

Name: TABA, FERESHTEH P 12420 SAN JOSE BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32223

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: F. P. TABA DDS, PA DR. 01/07/2011