

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116042

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATED ENDODONTISTS OF MELBOURNE, P.A.

**Current Principal Place of Business:**

1114 E. PALMETTO AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

1114 PALMETTO AVE.  
MELBOURNE, FL 32901

**Current Mailing Address:**

1114 E. PALMETTO AVE.  
MELBOURNE, FL 32901

**New Mailing Address:**

1114 PALMETTO AVE.  
MELBOURNE, FL 32901

**FEI Number:** 59-3760388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, PAUL A D.D.S.  
1114 E. PALMETTO AVE  
MELBOURNE, FL 32901 US

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

SCOTT, PAUL A D.D.S.  
1114 PALMETTO AVE  
MELBOURNE, FL 32901 US

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

04/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCOTT, PAUL A D.D.S.  
Address: 1114 PALMETTO AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: ST  
Name: SCOTT, DIANE  
Address: 1114 PALMETTO AVE  
City-St-Zip: MELBOURNE, FL 32901

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: PAUL A SCOTT

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

PRES

04/12/2012

\_\_\_\_\_  
Date