

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000122270

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** RAYMOND L. LEFORT III, DMDM, P.A.

**Current Principal Place of Business:**

13281 MCGREGOR BLVD.  
FORT MYERS, FL 339195947 US

**New Principal Place of Business:**

**Current Mailing Address:**

1314 CAPE CORAL PARKWAY  
SUITE 207  
CAPE CORAL, FL 339049643 US

**New Mailing Address:**

1314 CAPE CORAL PARKWAY E  
SUITE 207  
CAPE CORAL, FL 339049643 US

**FEI Number:** 04-3610190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFORT, RAYMOND L III  
13281 MCGREGOR BOULEVARD  
FORT MYERS, FL 339195947 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: PD  
Name: LEFORT, RAYMOND L III  
Address: 12736 ASTON OAKS DRIVE  
City-St-Zip: FORT MYERS, FL 339121463 US

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: RAYMOND LEFORT

PD

04/28/2011

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

\_\_\_\_\_  
Date