

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000047778

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** JOHN D. ZONGKER, DDS, P.A.

**Current Principal Place of Business:**

9770 BAYMEADOWS ROAD SUITE 113  
113  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9770 BAYMEADOWS ROAD SUITE 113  
113  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 33-1152391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

ZONGKER, JOHN D DDS  
9770 BAYMEADOWS ROAD SUITE 113  
113  
JACKSONVILLE, FL 32256 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** ZONGKER, JOHN D DDS  
**Address:** 9770 BAYMEADOWS ROAD SUITE 113  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** MRS.  
**Name:** ZONGKER, KAREN S  
**Address:** 9770 BAYMEADOWS ROAD SUITE 113  
**City-St-Zip:** JACKSONVILLE, FL 32256 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:** JOHN D ZONGKER

DR

03/28/2012

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

\_\_\_\_\_  
Date