

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000133247

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** FAMILY DENTIST OF PALM BEACH, INC.

**Current Principal Place of Business:**

11903 SOUTHERN BLVD  
116  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

11903 SOUTHERN BLVD  
116  
ROYAL PALM BEACH, FL 33411 US

**Current Mailing Address:**

4489 MARINERS COVE DR.  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:** 51-0437993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIRIVOLU, NARENDRA VP  
11903 SOUTHERN BLVD  
116  
ROYAL PALM BEACH, FL 33411 US

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

SIRIVOLU, SUNITHA  
11903 SOUTHERN BLVD  
116  
ROYAL PALM BEACH, FL 33411 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: SUNITHA SIRIVOLU

04/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: SIRIVOLU, NARENDRA  
Address: 4489 MARINERS COVE DR.  
City-St-Zip: WELLINGTON, FL 33449

Title: PTD  
Name: SIRIVOLU, SUNITHA  
Address: 4489 MARINERS COVE DR.  
City-St-Zip: WELLINGTON, FL 33449

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: SUNITHA SIRIVOLU

PTD

04/15/2012

Electronic Signature of Signing Officer or Director

Date