

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076464

FILED  
Feb 12, 2010  
Secretary of State

**Entity Name:** TMJ AND FACIAL PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

2929 LAKELAND HIGHLANDS ROAD  
SUITE A-2  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

6702 HAYTER DRIVE  
LAKELAND, FL 33813 US

**Current Mailing Address:**

2929 LAKELAND HIGHLANDS ROAD  
SUITE A-2  
LAKELAND, FL 33803 US

**New Mailing Address:**

6702 HAYTER DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** 20-0086499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, ARTHUR W III  
2929 LAKELAND HIGHLANDS ROAD  
SUITE A-2  
LAKELAND, FL 33803 US

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

MOORE III, ARTHUR W DMD  
6702 HAYTER DR  
LAKELAND, FL 33813 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: ARTHUR W. MOORE, III, DMD

02/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOORE III, ARTHUR W DMD  
Address: 6702 HAYTER DRIVE  
City-St-Zip: LAKELAND, FL 33813

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: ARTHUR W. MOORE, III, DMD

PD

02/12/2010

Electronic Signature of Signing Officer or Director

Date