

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079703

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** OTIS E. GIRARDEAU, D.D.S., P.A.

**Current Principal Place of Business:**

3505 SOUTHSIDE BLVD, STE 5  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

3505 SOUTHSIDE BLVD, STE 4  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3505 SOUTHSIDE BLVD, STE 5  
JACKSONVILLE, FL 32216

**New Mailing Address:**

3505 SOUTHSIDE BLVD, STE 4  
JACKSONVILLE, FL 32216

**FEI Number:** 01-0795735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIRARDEAU, OTIS E DDS  
3505 SOUTHSIDE BLVD, STE 5  
JACKSONVILLE, FL 32216 US

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

GIRARDEAU, OTIS E DDS  
3505 SOUTHSIDE BLVD, STE 4  
JACKSONVILLE, FL 32216 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

04/23/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIRARNEAU, OTIS DDS  
Address: 3505 SOUTHSIDE BLVD., #4  
City-St-Zip: JACKSONVILLE, FL 32216

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: OTIS GIRARDEAU, DDS

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date