

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131422

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** PONTE VEDRA ENDODONTICS,P.A.

**Current Principal Place of Business:**

822 A1A NORTH  
SUITE 314  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

822 A1A NORTH  
SUITE 314  
PONTE VEDRA BCH, FL 32082

**New Mailing Address:**

**FEI Number:** 30-0215302      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAVEC, JOSEPH C  
822 A1A NORTH  
SUITE 314  
PONTE VEDRA BCH, FL 32082 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: DR.  
Name: MAVEC, JOSEPH C  
Address: 104 NEWPORT LANE  
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: JOSEPH C MAVEC

DR.

02/17/2011

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

\_\_\_\_\_ Date