

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015205

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** BRIAN M. OLITSKY, D.M.D., P.A.

**Current Principal Place of Business:**

24840 S. TAMIAMI TRAIL  
SUITE #3  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

24840 S. TAMIAMI TRAIL  
SUITE #3  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 20-0624092      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRIERS, CPA, PA  
3301 BONITA BEACH RD.  
SUITE #306  
BONITA SPRINGS, FL 34134 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: PTSD  
Name: OLITSKY, BRIAN  
Address: 24840 S. TAMIAMI TRAIL, SUITE #3  
City-St-Zip: BONITA SPRINGS, FL 34134 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: BRIAN M. OLITSKY

PTSD

01/06/2011

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

\_\_\_\_\_ Date