

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033713

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** JASON D. LEWIS, D.D.S., P.A.

**Current Principal Place of Business:**

130 GATEWAY CIRCLE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

130 GATEWAY CIRCLE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 20-0734340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AKEL, EDWARD C  
1 INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 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: LEWIS, JASON D D.D.S.  
Address: 807 CYPRESS CROSSING TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: JASON D. LEWIS, DDS

OWNE

03/30/2012

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

\_\_\_\_\_ Date