

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000071547

Entity Name: DENTISTRY1 PA

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13535 BEACH BLVD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13535 BEACH BLVD  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-0802816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAEFFER, WILLIAM  
1765 DERRINGER RD  
JACKSONVILLE, FL 32225 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: P  
Name: SHAEFFER, WILLIAM  
Address: 1765 DERRINGER RD  
City-St-Zip: JACKSONVILLE, FL 32225

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: WILLIAM SHAEFFER

PRES

04/25/2011

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

\_\_\_\_\_  
Date