

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105414

Entity Name: ASHRAF BESSADA DMD, P.A.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

611 DRUID ROAD EAST  
SUITE#507  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 DRUID ROAD EAST  
SUITE#507  
CLEARWATER, FL 33756 US

**New Mailing Address:**

FEI Number: 20-1372201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BESSADA, ASHRAF  
3184 CRESCENT OAKS BLV D  
TARPON SPRINGS, FL 34688 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: BESSADA, ASHRAF  
Address: 3184 CRESCENT OAKS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688 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: ASHRAF BESSADA

PRES

04/27/2011

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

\_\_\_\_\_  
Date