

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132867

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** THOMAS A. ROHRER, DMD AND JOY LADELFA ROHRER, DMD, P.A.

**Current Principal Place of Business:**

715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 43-2061369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROHRER, THOMAS A  
715 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 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: PD  
Name: ROHRER, THOMAS A DMD  
Address: 715 GEORGE BUSH BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VST  
Name: ROHRER, JOY L DMD  
Address: 715 GEORGE BUSH BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483

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: THOMAS ROHRER

PD

06/17/2010

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

\_\_\_\_\_ Date