

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000001448

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** TIMOTHY HOGLE, D.D.S, P.A.

**Current Principal Place of Business:**

395A NE 59TH ST  
A  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

720 NE 69TH STREET  
SUITE 19 NORTH  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-2102611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOGLE, TIMOTHY M  
720 NE 69TH ST  
APT 19 NORTH  
MIAMI, FL 33138 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: D  
Name: HOGLE, TIMOTHY M  
Address: 720 NE 69TH STREET SUITE 19 NORTH  
City-St-Zip: MIAMI, FL 33138

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: TIMOTHY HOGLE

PRES

04/18/2011

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

\_\_\_\_\_  
Date