

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000008855

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** FIRST COAST DENTISTRY, P.A.

**Current Principal Place of Business:**

1313 E COAST DRIVE  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1313 E COAST DRIVE  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 20-2187893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, CHRISTINE T  
1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE, FL 32207 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:** DPST  
**Name:** TOMAN, THOMAS J D.D.S.  
**Address:** 1313 E COAST DRIVE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** VP  
**Name:** TOMAN, TIMOTHY J D.M.D.  
**Address:** 1313 E COAST DRIVE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

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 J. TOMAN

D

02/07/2011

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

\_\_\_\_\_  
Date