

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048096

**Entity Name:** ENDODONTIC ASSOCIATES OF TRINITY, P.A.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8812 HAWBUCK STREET  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**  
8812 HAWBUCK STREET  
TRINITY, FL 34655 US

**New Mailing Address:**

FEI Number: 20-1205326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KASEM, KIMBERLY  
3540 FLORIAN TERRACE  
PALM HARBOR, FL 33761 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: PRES  
Name: KASEM, RAED DR  
Address: 8812 HAWBUCK STREET  
City-St-Zip: TRINITY, FL 34655 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: RAED KASEM

PRES

03/05/2012

Electronic Signature of Signing Officer or Director

Date