

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000054388

Entity Name: DHIRAJ WARMAN DDS PA

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10441 QUALITY DR. # 103  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

17630 ARCHLAND PASS RD  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 20-2977957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARMAN, DHIRAJ  
17630 ARCHLAND PASS RD  
LUTZ, FL 33558 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: PST  
Name: WARMAN, DHIRAJ  
Address: 17630 ARCHLAND PASS RD  
City-St-Zip: LUTZ, FL 33558

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: DHIRAJ WARMAN

PST

04/29/2011

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

\_\_\_\_\_  
Date