

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065796

Entity Name: NBW DDS INC

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2808 REMINGTON GREEN N.  
SUITE 200  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

6293 BLACKFOX WAY  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 20-2793335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALDMAN, NEAL  
2808 REMINGTON GREEN CIR  
SUITE 200  
TALLAHASSEE, FL 32308 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: DR.  
Name: WALDMAN, NEAL  
Address: 6293 BLACKFOX WAY  
City-St-Zip: TALLAHASSEE, FL 32312

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: NEAL WALDMAN

DR.

03/04/2011

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

\_\_\_\_\_  
Date