

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000086789

Entity Name: JML DMD, P.A.

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

572 MCNAB ROAD  
102  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

572 MCNAB ROAD  
102  
POMPANO BEACH, FL 33060

**New Mailing Address:**

11501 E 1150TH AVE  
ROBINSON, IL 62454

FEI Number: 20-3020820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUCHTEFELD, JASON M DR.  
572 E. MCNAB RD  
102  
POMPANO BEACH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: LUCHTEFELD, JASON  
Address: 572 MCNAB ROAD SUITE 102  
City-St-Zip: POMPANO BEACH, FL 33060

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: JASON M LUCHTEFELD

DR

03/03/2010

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

\_\_\_\_\_  
Date