

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027692

**FILED**  
**Aug 30, 2011**  
**Secretary of State**

**Entity Name:** PERRIN L. BLANK, D.D.S., P.A.

**Current Principal Place of Business:**

603 VILLAGE BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

603 VILLAGE BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 20-4412299      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WEISS, JILL G ESQ  
ONE CLEARLAKE CENTER STE 1504  
250 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH, FL 33407 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:** D  
**Name:** BLANK, PERRIN L DDS  
**Address:** 603 VILLAGE BLVD SUITE 304  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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: PERRIN L. BLANK, DDS

PRES

08/30/2011

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

\_\_\_\_\_ Date