

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052342

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

**Entity Name:** JOHN P. LUNDGREN, D.D.S., P.A.

**Current Principal Place of Business:**

7740 POINT MEADOWS DRIVE  
SUITE 3B  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7740 POINT MEADOWS DRIVE  
SUITE 3B  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-4868609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRILEY, D. RANDALL  
135 PROFESSIONAL DRIVE SUITE 101  
PONTE VEDRA BEACH, FL 32082    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:** LUNDGREN, JOHN P D.D.S.  
**Address:** 7740 POINT MEADOWS DRIVE, SUITE 3B  
**City-St-Zip:** JACKSONVILLE, FL 32256

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: JOHN P. LUNDGREN

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

DR.

03/29/2011

\_\_\_\_\_  
Date