

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085215

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** BRUCE D. MANNE, D.M.D., P.A.

**Current Principal Place of Business:**

555 W. GRANADA BLVD.  
SUITE E-2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

555 W. GRANADA BLVD.  
SUITE E-2  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-5933300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORNT0, L.A. ESQ.  
149 S. RIDGEWOOD AVENUE  
SUITE 550  
DAYTONA BEACH, FL 32114 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:** PSTD  
**Name:** MANNE, BRUCE D  
**Address:** 555 W. GRANADA BLVD. SUITE E-2  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** BRUCE D. MANNE

PSTD

02/17/2010

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

\_\_\_\_\_  
Date