

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000087411

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** DENISE BURNS-LEGROS, O.D., P.A.

**Current Principal Place of Business:**

2420 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1854 FICUS POINT DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

395 NEWPORT DRIVE  
INDIALANTIC, FL 32903

**FEI Number:** 87-0779718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BURNS-LEGROS, DENISE  
1854 FICUS POINT DRIVE  
MELBOURNE, FL 32940 US

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

BURNS-LEGROS, DENISE  
395 NEWPORT DRIVE  
INDIALANTIC, FL 32903 US

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

01/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BURNS-LEGROS, DENISE  
Address: 395 NEWPORT DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

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: DENISE BURNS-LEGROS

DPS

01/28/2011

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

\_\_\_\_\_  
Date