

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101338

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

**Entity Name:** MAUREEN M. HOLLEY, D.M.D., P.A.

**Current Principal Place of Business:**

2075 S KANNER HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2075 S KANNER HWY  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 20-5591228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRARY, LAWRENCE E III  
555 COLORADO AVE  
STUART, FL 34994 US

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

CRARY, LAWRENCE E III  
759 SW FEDERAL HIGHWAY  
STE 106  
STUART, FL 34994 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: LAWRENCE E CRARY III

02/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: HOLLEY, MAUREEN M  
Address: 2075 S KANNER HWY  
City-St-Zip: STUART, FL 34994

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: MAUREEN HOLLEY

PRES

02/28/2011

Electronic Signature of Signing Officer or Director

Date