

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000141692

Entity Name: WILLIAM J. RIZZO, DMD, P.A.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6150 METROWEST BLVD  
207  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6150 METROWEST BLVD  
207  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 59-3735446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIZZO, WILLIAM J  
6150 METROWEST BLVD  
207  
ORLANDO, FL 32835 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: RIZZO, WILLIAM  
Address: 6150 METROWEST BLVD #207  
City-St-Zip: ORLANDO, FL 32835

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: WILLIAM RIZZO

PRES

01/12/2012

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

\_\_\_\_\_  
Date