

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000007009

Entity Name: DAWN POLASKY, DDS PA

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6231 N. FEDERAL HWY,  
#109  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6231 N. FEDERAL HWY,  
#109  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 20-8195969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLASKY, DAWN L  
6231 N. FEDERAL HWY,  
#109  
FT. LAUDERDALE, FL 33308 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: DDS  
Name: POLASKY, DAWN  
Address: 6231 N. FEDERAL HWY, #109  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: DAWN L. POLASKY

DR.

01/15/2012

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

\_\_\_\_\_  
Date