

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012365

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** PETER N. MASTERSON DMD, P.A.

**Current Principal Place of Business:**

13211 BROWN THRASHER PIKE  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

13211 BROWN THRASHER PIKE  
LAKEWOOD RANCH, FL 34202 US

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618

**New Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 20-8334517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, WALTER S  
16528 N. DALE MABRY HWY  
TAMPA, FL 33618 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: PRES  
Name: MASTERSON, PETER N  
Address: 13211 BROWN THRASHER PIKE  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

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: PETER N. MASTERSON

PRES

02/24/2010

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

\_\_\_\_\_ Date