2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# P07000029387

Entity Name: CRAIG SPENCER D.M.D. P.A.

Current Principal Place of Business:

625 SE 2ND AVENUE SUITE D
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

625 SE 2ND AVENUE SUITE D
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 20-8684376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, CRAIG DMD
625 SE 2ND AVENUE SUITE D
BOYNTON BEACH, FL 33435 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: D
Name: SPENCER, CRAIG
Address: 625 SE 2ND AVENUE SUITE D
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: SPENCER, CRAIG
Address: 924 GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: SPENCER, CRAIG
Address: 924 GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: SPENCER, CRAIG
Address: 924 GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: SPENCER, CRAIG
Address: 924 GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: SPENCER, CRAIG
Address: 924 GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

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: CRAIG SPENCER D 01/31/2011
Electronic Signature of Signing Officer or Director Date