

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111999

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CHRISTOPHER J. WEST, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

1851 W. INIDANTOWN RD.  
SUITE #201  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1851 W. INIDANTOWN RD.  
SUITE #201  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 26-1224184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST, CHRISTOPHER J  
4179 LINDEN AVENUE  
PALM BEACH GARDENS, FL 33410 US

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

WEST, CHRISTOPHER J  
126 FAITH WAY  
JUPITER, FL 33458 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:

Electronic Signature of Registered Agent

01/11/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WEST, CHRISTOPHER J  
Address: 126 FAITH WAY  
City-St-Zip: JUPITER, FL 33458

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: CHRISTOPHER J. WEST D.M.D.

PSTD

01/11/2011

Electronic Signature of Signing Officer or Director

Date