

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008438

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** BLANKENSHIP DENTAL AT OAKLEAF, P.A.

**Current Principal Place of Business:**

5000 SAWGRASS VILLAGE CIRCLE  
SUITE 23  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE  
SUITE 23  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 26-1821766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANKENSHIP, BRYAN K DDS  
5000 SAWGRASS VILLAGE CIRCLE  
SUITE 23  
PONTE VEDRA BEACH, FL 32082 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:** DP  
**Name:** BLANKENSHIP, BRYAN K DDS  
**Address:** 5000 SAWGRASS VILLAGE CIRCLE, SUITE 23  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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:** BRYAN K. BLANKENSHIP, DDS

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01/21/2010

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

\_\_\_\_\_  
Date