

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030150

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** JOSHUA COLKMIRE DDS PA

**Current Principal Place of Business:**

1657 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 FL

**New Principal Place of Business:**

**Current Mailing Address:**

1657 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 FL

**New Mailing Address:**

**FEI Number:** 26-2238169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET, RANDALL M  
6308 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463 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:** P.D.  
**Name:** COLKMIRE, JOSHUA  
**Address:** 1657 SE PORT ST. LUCIE BLVD  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 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:** JOSHUA COLKMIRE

P.D.

04/27/2011

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

\_\_\_\_\_  
Date