

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031232

Entity Name: NICK LEKKAS DDS, PA

FILED  
Feb 17, 2011  
Secretary of State

**Current Principal Place of Business:**

3325 LAUREL OAK STREET  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

5670 OAKTREE AVENUE  
HOLLYWOOD, FL 33312

**Current Mailing Address:**

3325 LAUREL OAK STREET  
HOLLYWOOD, FL 33312

**New Mailing Address:**

5670 OAKTREE AVENUE  
HOLLYWOOD, FL 33312

FEI Number: 26-2288657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEKKAS, NICK  
3325 LAUREL OAK STREET  
HOLLYWOOD, FL 33312 US

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

LEKKAS, NICK  
5670 OAKTREE AVENUE  
HOLLYWOOD, FL 33312 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

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEKKAS, NICK  
Address: 5670 OAKTREE AVENUE  
City-St-Zip: HOLLYWOOD, FL 33312

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: NICK LEKKAS

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

P

02/17/2011

\_\_\_\_\_  
Date