# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2010**
**Secretary of State**

DOCUMENT# P08000041203

**Entity Name:** ARNOLD AND PARKINSON DENTISTRY, P.A.

**Current Principal Place of Business:**

10465 GIBSONTON DRIVE
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

10465 GIBSONTON DRIVE
RIVERVIEW, FL 33569

**New Mailing Address:**

341 BLANCA AVE
TAMPA, FL 33606

**FEI Number: 26-2504696** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ARNOLD, SCOTT
3304 SIERRA CIRCLE
TAMPA, FL 33629 US

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

ARNOLD, SCOTT
341 BLANCA AVE
TAMPA, FL 33606 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: _____ 04/28/2010
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P
Name: ARNOLD, SCOTT D
Address: 341 BLANCA AVE
City-St-Zip: TAMPA, FL 33606 US

Title: VP
Name: PARKINSON, ROBERT W
Address: 1708 SOUTH HABANA AVE
City-St-Zip: TAMPA, FL 33629 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: SCOTT ARNOLD, DMD P 04/28/2010
Electronic Signature of Signing Officer or Director — Date