

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069912

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** ROBERTO BELLEGARRIGUE DMD, P.A.

**Current Principal Place of Business:**

3331 W. BEARSS AVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

311 S ARRAWANA AVE  
#1  
TAMPA, FL 33609

**New Mailing Address:**

3331 W. BEARSS AVE  
TAMPA, FL 33618

**FEI Number:** 26-3023363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELLEGARRIGUE DMD, ROBERTO  
311 S ARRAWANA AVE #1  
TAMPA, FL 33609 US

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

BELLEGARRIGUE DMD, ROBERTO  
3331 W. BEARSS AVE  
TAMPA, FL 33618 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:** ROBERTO BELLEGARRIGUE DMD

02/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** OWN  
**Name:** BELLEGARRIGUE DMD, ROBERTO  
**Address:** 620 S. LOIS AVE  
**City-St-Zip:** TAMPA, FL 33609

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:** ROBERTO BELLEGARRIGUE

OWNE

02/10/2011

Electronic Signature of Signing Officer or Director

Date