

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083559

Entity Name: METZ ORTHODONTICS PA

FILED  
Mar 28, 2011  
Secretary of State

**Current Principal Place of Business:**

20743 STERLINGTON DR.  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

20743 STERLINGTON DR.  
LAND O LAKES, FL 34638

**New Mailing Address:**

FEI Number: 26-3374186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEMAR, DAVID A JR  
1759 S KINGS AVE  
BRANDON, FL 33511 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/S  
Name: METZ, JOHN J  
Address: 3834 OLDE LANARK DR.  
City-St-Zip: LAND O LAKES, FL 34638

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: JOHN J. METZ DDS, MS

PRES

03/28/2011

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

\_\_\_\_\_ Date