

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091254

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** DWIGHT G.A. DAWKINS, MD, P.A.

**Current Principal Place of Business:**

408 NORTHWEST DOREST COURT  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

2100 NEBRASKA AVENUE  
201  
FORT PIERCE, FL 34950

**Current Mailing Address:**

408 NORTHWEST DOREST COURT  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 26-3579372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DAWKINS, DWIGHT M.D.  
Address: 408 NORTHWEST DOREST COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: DWIGHT DAWKINS

DPS

03/03/2010

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

\_\_\_\_\_  
Date