

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104184

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** DR. JOEL K. CAUDILL, DDS, P.A.

**Current Principal Place of Business:**

2118 W BRANDON BLVD.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

2118 W BRANDON BLVD.  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 26-3879918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS LAW GROUP, P.A.  
811-B CYPRESS VILLAGE BLVD.  
RUSKIN, FL 335736724 US

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

SPONSELLER, PAUL W CFP®  
133 S. PEBBLE BEACH BLVD.  
SUN CITY CENTER, FL 33573 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: PAUL SPONSELLER

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAUDILL, JOEL K DDS  
Address: 3101 W. FAIR OAKS AVE.  
City-St-Zip: TAMPA, FL 33611

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: JOEL K. CAUDILL

PD

01/20/2011

Electronic Signature of Signing Officer or Director

Date