

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109139

**FILED**  
**Sep 06, 2012**  
**Secretary of State**

**Entity Name:** EDWARD GELMAN,D.D.S.,OF AMELIA ISLAND INC.

**Current Principal Place of Business:**

5211 S. FLETCHER AVE  
230  
AMELIA ISLAND, FL 32034 NA

**New Principal Place of Business:**

**Current Mailing Address:**

5211 S. FLETCHER AVE  
230  
AMELIA ISLAND, FL 32034 NA

**New Mailing Address:**

**FEI Number:** 94-3468332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAFIE, MARSHA D  
3416 SEA MARSH RD  
AMELIA ISLAND, FL 32034USA 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: VP  
Name: NAFIE, MARSHA  
Address: 5211 S. FLETCHER AVE S-230  
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: P  
Name: GELMAN, EDWARD  
Address: 5211 S FLETCHER AVE S-230  
City-St-Zip: AMELIA ISLAND, FL 32034 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: MARSHA NAFIE

VP

09/06/2012

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

\_\_\_\_\_  
Date