

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010606

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** BRENDA R. LIFFLAND, O.D., P.A.

**Current Principal Place of Business:**

12923 CASTLEMAINE DR  
TAMPA, FL 33620

**New Principal Place of Business:**

12923 CASTLEMAINE DR  
TAMPA, FL 33626

**Current Mailing Address:**

12923 CASTLEMAINE DR  
TAMPA, FL 33620

**New Mailing Address:**

12923 CASTLEMAINE DR  
TAMPA, FL 33626

**FEI Number:** 90-0452259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIFFLAND, BRENDA R  
12923 CASTLEMAINE DR  
TAMPA, FL 33620 US

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

LIFFLAND, BRENDA R  
12923 CASTLEMAINE DR  
TAMPA, FL 33626 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: BRENDA R LIFFLAND, OD

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: LIFFLAND, BRENDA R  
Address: 12923 CASTLEMAINE DR  
City-St-Zip: TAMPA, FL 33626 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: BRENDA R LIFFLAND

DR.

02/21/2011

Electronic Signature of Signing Officer or Director

Date