

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021223

Entity Name: ADAM N CARSON, DMD, PA

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

100 LINCOLN RD  
CU-7  
MIAMI BEACH, FL 33139

## **New Principal Place of Business:**

## **Current Mailing Address:**

100 LINCOLN RD  
CU-7  
MIAMI BEACH, FL 33139

## **New Mailing Address:**

FEI Number: 26-4398615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARSON, ADAM N DMD  
1132 NW 7TH TER  
FORT LAUDERDALE, FL 33311 US

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

CARSON, ADAM N DMD  
100 LINCOLN RD  
CU7  
MIAMI BEACH, FL 33139 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: ADAM N CARSON

Electronic Signature of Registered Agent

01/16/2012

Date

## **OFFICERS AND DIRECTORS:**

Title: DR  
Name: CARSON, ADAM N  
Address: 100 LINCOLN RD  
City-St-Zip: MIAMI BEACH, FL 33139 UN

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: ADAM N CARSON

Electronic Signature of Signing Officer or Director

PRES

01/16/2012

Date