

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000029329

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** EDWARD S GELMAN,D.D.S., P.A. OF MANDRIN

**Current Principal Place of Business:**

11571 SAN JOSE BLVD SUITE 1  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

11250 OLD ST. AUGUSTINE RD.  
S-14  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11571 SAN JOSE BLVD SUITE 1  
JACKSONVILLE, FL 32223

**New Mailing Address:**

11250 OLD ST. AUGUSTINE RD.  
S-14  
JACKSONVILLE, FL 32257

**FEI Number:** 26-4652331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GELMAN, EDWARD  
3416 SEA MARSH RD  
AMELIA ISLAND, FL 32034 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: DR.  
Name: GELMAN, EDWARD S  
Address: 3416 SEA MARSH RD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D  
Name: NAFIE, MARSHA  
Address: 3416 SEA MARSH RD  
City-St-Zip: AMELIA ISLAND, FL 32034

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: EDWARD GELMAN

DR.

02/04/2011

Electronic Signature of Signing Officer or Director

Date