

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072313

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

**Entity Name:** ALEXANDER ORTHODONTICS, INC

**Current Principal Place of Business:**

10220 PALERMO CIRCLE  
204  
TAMPA, FL 33619

**New Principal Place of Business:**

4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896

**Current Mailing Address:**

10220 PALERMO CIRCLE  
204  
TAMPA, FL 33619

**New Mailing Address:**

4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896

**FEI Number:** 27-0821457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEXANDER, KEISHA N DR  
10220 PALERMO CIRCLE  
204  
TAMPA, FL 33619 US

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

ALEXANDER, KEISHA N DR  
4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896 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: KEISHA ALEXANDER

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALEXANDER, KEISHA N  
Address: 4000 VICTORIA PARK DRIVE, # 4101  
City-St-Zip: DAVENPORT, FL 33896

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: KEISHA ALEXANDER

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date