

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092131

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

**Entity Name:** J. ANDREW GIROUX DMD, P.A.

**Current Principal Place of Business:**

322 S. SIXTH AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 27-1281642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, WALTER S  
16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 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: PRES  
Name: GIROUX, J. ANDREW  
Address: 322 S. SIXTH AVENUE  
City-St-Zip: WAUCHULA, FL 33873 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: J. ANDREW GIROUX

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03/06/2012

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

\_\_\_\_\_  
Date