

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000000583

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** JENNIFER STATLER, DMD., P.A.

**Current Principal Place of Business:**

7400 W. CAMINO REAL  
SUITE 110  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7301 W. PALMETTO PARK ROAD  
STE. 104C  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 27-1785662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STATLER, JENNIFER DMD  
7400 W. CAMINO REAL  
SUITE 110  
BOCA RATON, FL 33433 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:** P  
**Name:** STATLER, JENNIFER  
**Address:** 7400 W. CAMINO REAL, SUITE 110  
**City-St-Zip:** BOCA RATON, FL 33433

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:** JENNIFER STATLER, DMD

PD

04/17/2012

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

\_\_\_\_\_  
Date