## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018468

Entity Name: GULFSHORE ORAL SURGERY, PA

FILED Jan 16, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1585 PINE RIDGE ROAD 3928 JASMINE LAKE CIRCLE NAPLES, FL 34119

SUITE #2

NAPLES, FL 34109

**Current Mailing Address: New Mailing Address:** 

1585 PINE RIDGE ROAD 3928 JASMINE LAKE CIRCLE NAPLES, FL 34119 SUITE #2

NAPLES, FL 34109

FEI Number: 27-2039582 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

FONTANA, STEVEN J FONTANA, STEVEN J 3928 JASMINE LAKE CIRCLE 1585 PINE RIDGE ROAD NAPLES, FL 34119 SUITE #2 NAPLES, FL 34109 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: STEVEN J. FONTANA 01/16/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

FONTANA, STEVEN J Name:

1585 PINE RIDGE ROAD, SUITE #2 Address:

City-St-Zip: NAPLES, FL 34109

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: STEVEN J. FONTANA D 01/16/2011