

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054167

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SCOTT MIDDLETON, DMD,MD,P.A.

**Current Principal Place of Business:**

2902 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Principal Place of Business:**

2902 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**Current Mailing Address:**

2902 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Mailing Address:**

2902 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**FEI Number:** 27-2914689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDDLETON, SCOTT DMD MD  
2902 BEE RIDGE ROAD  
SARASOTA, FL 34239 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: MIDDLETON, SCOTT DMD,MD  
Address: 2902 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239 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: SCOTT MIDDLETON

PRES

01/05/2012

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

\_\_\_\_\_  
Date