# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2012**
**Secretary of State**

DOCUMENT# P10000057930

**Entity Name:** CHRISTOPHER A. RAWLE, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

903 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

903 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number: 27-3066125** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

RAWLE, CHRISTOPHER A DMD MS
903 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714 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: DR.
Name: RAWLE, CHRISTOPHER A
Address: 903 NORTH STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MRS.
Name: RAWLE, JAMILA A
Address: 903 NORTH STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: CHRISTOPHER RAWLE DR. 02/10/2012

Electronic Signature of Signing Officer or Director — Date