

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000056820

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** W. BENJAMIN NORRIS, JR, D.M.D., P.A.

**Current Principal Place of Business:**

107 1ST AVE SE  
JASPER, FL 32052

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1239  
JASPER, FL 32052

**New Mailing Address:**

**FEI Number:** 59-2998377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, JOHN E  
253 NW MAIN BLVD  
LAKE CITY, FL 32055 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: D  
Name: NORRIS, W. BENJAMIN JR  
Address: 107 1ST AVE SE  
City-St-Zip: JASPER, FL 32052

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: W. BENJAMIN NORRIS, JR

PRES

02/13/2012

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

\_\_\_\_\_  
Date