

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000071391

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** DR. DANIEL FENTON & ASSOCIATES, P.A.

**Current Principal Place of Business:**

5455 N. FEDERAL HIGHWAY  
SUITE D  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5455 N. FEDERAL HIGHWAY  
SUITE D  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 45-3006059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FENTON, DANIEL  
5455 N. FEDERAL HIGHWAY  
SUITE D  
BOCA RATON, FL 33487 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: FENTON, DANIEL DMD  
Address: 5455 N. FEDERAL HIGHWAY, STE D  
City-St-Zip: BOCA RATON, FL 33487 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: DANIEL FENTON

DR.

01/06/2012

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

\_\_\_\_\_  
Date