

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000083032

Entity Name: MAYURI V. PATEL, DMD, PA

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1004 FOXDALE PLACE  
VALRICO, FL 33594

**New Principal Place of Business:**

906 E. BRANDON BLVD.  
BRANDON, FL 33511

**Current Mailing Address:**

1004 FOXDALE PLACE  
VALRICO, FL 33594

**New Mailing Address:**

1004 FOXDALE PL  
VALRICO, FL 33594

FEI Number: 45-3359553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, MAYURI V  
1004 FOXDALE PLACE  
VALRICO, FL 33594 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: PATEL, MAYURI V  
Address: 1004 FOXDALE PLACE  
City-St-Zip: VALRICO, FL 33594

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: MAYURI PATEL

P

04/30/2012

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

\_\_\_\_\_  
Date