

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000063558

**Entity Name:** EDWARD A. NOLAND, D.D.S., P.A.

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4790 N. 9TH AVENUE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

4790 N. 9TH AVENUE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

FEI Number: 59-3189433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NOLAND, EDWARD A DR  
4790 N. 9TH AVENUE  
PENSACOLA, FL 32503 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: NOLAND, EDWARD A  
Address: 4790 N 9TH AVE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: DR  
Name: SHEROUSE, WESLEY A  
Address: 4790 N 9TH AVE  
City-St-Zip: PENSACOLA, FL 32503 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: EDWARD A. NOLAND

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date