

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082456

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** RAULERSON, RUSCIN & SCHREIER DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

1409 W BRANDON BOULEVARD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1409 W BRANDON BOULEVARD  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 59-3212732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSCIN, RANDY J DMD  
1409 W BRANDON BOULEVARD  
BRANDON, FL 33511 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: ST  
Name: RUSCIN, RANDY J DMD  
Address: 1409 WEST BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

Title: VP  
Name: SCHREIER, JOHN F DDS  
Address: 1409 WEST BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

Title: P  
Name: RAULERSON, JOHN R DMD  
Address: 1409 WEST BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

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: RANDY J. RUSCIN, DMD

ST

01/17/2011

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

\_\_\_\_\_ Date