

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000005886

Entity Name: M. D. HANSON, DDS, P.A.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1328 W. 23RD ST.  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1328 W. 23RD ST.  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3220430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSON, M D DDS  
1328 W. 23RD ST.  
PANAMA CITY, FL 32405 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: DPST  
Name: HANSON, M D DDS  
Address: 1328 W. 23RD ST.  
City-St-Zip: PANAMA CITY, FL 32405

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: MH

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

PRES

04/07/2011

\_\_\_\_\_  
Date