

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008795

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** ANTHONY DE LUCIA, D.D.S., P.A.

**Current Principal Place of Business:**

731 COLORADO AVE.  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

731 COLORADO AVE.  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-0467880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LUCIA, ANTHONY D.D.S.  
1401 EAGLES NEST WAY  
PALM CITY, FL 34990 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: DE LUCIA, ANTHONY D.D.S.  
Address: 1401 EAGLES NEST WAY  
City-St-Zip: PALM CITY, FL 34990

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: ANTHONY DRLUCIA

DR

03/22/2011

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

\_\_\_\_\_ Date