

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000032028

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** SUZANNE SPENCE-WILLIAMS, D.D.S., P.A.

**Current Principal Place of Business:**

4195 NW FEDERAL HWY  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

4195 NW FEDERAL HWY  
JENSEN BEACH, FL 34957 US

**New Mailing Address:**

**FEI Number:** 65-0491170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCE WILLIAMS, SUZANNE  
4195 NW FEDERAL HIGHWAY  
JENSEN BEACH, FL 34957 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: SPENCE WILLIAMS, SUZANNE  
Address: 4195 NW FEDERAL HIGHWAY  
City-St-Zip: JENSEN BEACH, FL 34957 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: LISA LEMONIDES

RECP

02/23/2011

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

\_\_\_\_\_  
Date