

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000072122

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** TONY D. CLARK D.M.D., P.A.

**Current Principal Place of Business:**

526 MARY ESTHER CUT-OFF  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

526 MARY ESTHER CUT-OFF  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3273768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, TONY D DDM  
526 MARY ESTHER CUT-OFF  
FT WALTON BEACH, FL 32548 US

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

CLARK, TONY D DMD  
526 MARY ESTHER CUT-OFF  
FT WALTON BEACH, FL 32548 US

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:** TONY D CLARK DMD

03/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CLARK, TONY D DMD  
**Address:** 526 MARY ESTHER CUT-OFF  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

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:** TONY D CLARK DMD

CEO

03/26/2010

Electronic Signature of Signing Officer or Director

Date