2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# P95000004242

Entity Name: PATRICIA A. SHIPMAN, D.M.D., P.A.

Current Principal Place of Business:

4436 NW 23RD AVE.
SUITE B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4436 NW 23RD AVE.
SUITE B
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3288357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, PATRICIA A
4436 NW 23RD SVENUE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SHIPMAN, PATRICIA A
4436 NW 23RD AVENUE
GAINESVILLE, FL 32606 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: PATRICIA A SHIPMAN, DMD 01/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: SHIPMAN, PATRICIA A
Address: 8318 SW 16TH PL
City-St-Zip: GAINESVILLE, FL 32607

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: PATRICIA A SHIPMAN, DMD PRES 01/13/2011
Electronic Signature of Signing Officer or Director Date