

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049036

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** LISA A. YURKIEWICZ, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

1655 E. HIGHWAY 50  
SUITE #101  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1655 E. HIGHWAY 50  
SUITE #101  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 59-3323370      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

YURKIEWICZ, LISA A  
1655 E. HIGHWAY 50  
SUITE #101  
CLERMONT, FL 34711 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: PD  
Name: YURKIEWICZ, LISA  
Address: 1655 E. HIGHWAY 50, SUITE #101  
City-St-Zip: CLERMONT, FL 34711 US

Title: SD  
Name: YURKIEWICZ, JAY  
Address: 1655 E. HIGHWAY 50, SUITE #101  
City-St-Zip: CLERMONT, FL 34711 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 YURKIEWICZ

PD

04/18/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date