

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000058160

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** POMPAÑO DENTAL CLINIC, P.A.

**Current Principal Place of Business:**

2716 W ATLANTIC BLVD  
POMPAÑO, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2716 W ATLANTIC BLVD  
POMPAÑO, FL 33069

**New Mailing Address:**

**FEI Number:** 65-0602174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIBBERT, CONRAD  
2716 W ATLANTIC BLVD  
POMPAÑO, FL 33069 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:** HIBBERT, CONRAD V DMD  
**Address:** 2716 W ATLANTIC BLVD  
**City-St-Zip:** POMPAÑO, FL 33069

**Title:** DR  
**Name:** SIMMONDS, SHIRLEY F DMD  
**Address:** 2716 W ATLANTIC BLVD  
**City-St-Zip:** POMPAÑO, FL 33069

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:** CONRAD V. HIBBERT, DMD

DR

03/30/2011

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

\_\_\_\_\_  
Date