

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000061249

Entity Name: CHARLES N. HELMS, D.M.D., P.A.

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

500 N SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3327343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEYGOLDBERG LEACH AND COHN PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

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

COHEN FLORIDA  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN

03/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HELMS, CHARLES N  
Address: 12543 MAGNOLIA COVE CT  
City-St-Zip: CLERMONT, FL 34711

Title: COP  
Name: CHRISTINE L, TRAN  
Address: 12543 MAGNOLIA COVE CT  
City-St-Zip: CLERMONT, FL 34711

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: CHARLES HELMS

D

03/19/2011

Electronic Signature of Signing Officer or Director

Date