# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2012**
**Secretary of State**

DOCUMENT# P95000072935

**Entity Name:** KATHIE ALLEN, D.D.S., P.A.

**Current Principal Place of Business:**

836 SUNSET LAKE BLVD
SUITE 204
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

836 SUNSET LAKE BLVD
SUITE 204
VENICE, FL 34292

**New Mailing Address:**

**FEI Number: 65-0615121** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALLEN, KATHIE
LAKESIDE MEDICAL CENTER
836 SUNSET LAKE BLVD., SUITE #204
VENICE, FL 34292 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: PST
Name: ALLEN, KATHIE
Address: 836 SUNSET LAKE BLVD, SUITE #204
City-St-Zip: VENICE, FL 34292

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: KATHIE ALLEN. D.D.S.,P.A. DDS 02/02/2012

Electronic Signature of Signing Officer or Director — Date