

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022854

FILED
Apr 15, 2012
Secretary of State

Entity Name: LITOWITZ, ORTHODONTIST, D.M.D., P.A.

Current Principal Place of Business:

1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127

New Principal Place of Business:

6110 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127

New Mailing Address:

P.O. BOX 800
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-3379309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITOWITZ, ARTHUR N
1645 DUNLAWTON AVENUE
#1624
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LITOWITZ, ARTHUR N
6110 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 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:

04/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LITOWITZ, ARTHUR N DR.
Address: P.O. BOX 800
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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: ARTHUR N. LITOWITZ, D.M.D.

P

04/15/2012

Electronic Signature of Signing Officer or Director

Date