

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 21, 2011
Secretary of State

Entity Name: GREGORY A. PARKER, D.D.S., P.A.

Current Principal Place of Business:

SOUTH PINE MEDICAL PARK
2835 SE 3RD COURT
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2835 SE 3RD COURT
OCALA, FL 34471 US

New Mailing Address:

SOUTH PINE MEDICAL PARK
2835 SE 3RD COURT
OCALA, FL 34471 US

FEI Number: 59-3412284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, JOHN S CPA
627 N DONNELLY ST
MOUNT DORA, FL 32757 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: PRES
Name: PARKER, GREGORY A D.D.S.
Address: 2835 SE 3RD CT
City-St-Zip: OCALA, FL 34471 US

Title: SEC
Name: PARKER, SUSANNE K
Address: 4900 SW 2ND TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: DR
Name: PARKER, GREGORY A DDS
Address: 4900 SW 2ND TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: DR.
Name: PARKER, GREGORY A
Address: 4900 SW 2ND TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: DR.
Name: PARKER, GREGORY A
Address: 4900 SW 2ND TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: DR.
Name: PARKER, GREGORY A
Address: 4900 SW 2ND TERRACE
City-St-Zip: OCALA, FL 34471 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: GREGORY PARKER

PRES

01/21/2011

Electronic Signature of Signing Officer or Director

Date