

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003130

**FILED**  
**Jul 06, 2010**  
**Secretary of State**

**Entity Name:** PETER K. KRIMSKY, D.D.S., P.A.

**Current Principal Place of Business:**

7408 NW 5TH ST  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

7408 NW 5TH ST  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 65-0731323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRIMSKY, PETER K D.D.S.  
12341 NW 9TH ST  
PLANTATION, FL 33325 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: KRIMSKY, PETER K DDS PA  
Address: 7408 N.W. 5TH STREET  
City-St-Zip: PLANTATION, FL 33317

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: PETER K. KRIMSKY DDS PA

PRES

07/06/2010

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

\_\_\_\_\_  
Date