

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028519

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** MARK A. BARBER, D.D.S., P.A.

**Current Principal Place of Business:**

718 S.E. BECKER ROAD  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

718 S.E. BECKER ROAD  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 65-0758623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARBER, JUDY A  
718 S.E. BECKER ROAD  
PORT ST. LUCIE, FL 34984 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: DP  
Name: BARBER, MARK A  
Address: 718 S. E. BECKER ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: DST  
Name: BARBER, JUDY A  
Address: 718 S.E. BECKER ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984 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: JUDY BARBER

DST

01/13/2012

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

\_\_\_\_\_ Date