

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030521

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** FRANCISCO E. AREVALO, D.M.D., P.A.

**Current Principal Place of Business:**

6546 GUNN HWY  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6546 GUNN HWY  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 59-3429522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AREVALO, PATRICIA I  
6546 GUNN HWY  
TAMPA, FL 33625 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: DR  
Name: AREVALO, FRANCISCO E  
Address: 6546 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

Title: STD  
Name: AREVALO, PATRICIA I  
Address: 6546 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

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: FRANCISCO E. AREVALO

DR

01/06/2011

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

\_\_\_\_\_ Date