

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000040665

Entity Name: LAURA EVATT, DMD, P.A.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4800 NE 20TH TERR #302 S  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4800 NE 20TH TERR #302 S  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-0748780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVATT, LAURA  
4800 NE 20TH TERR #302 S  
FT. LAUDERDALE, FL 33308 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: EVATT, LAURA  
Address: 5520 NE 18TH TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: LAURA EVATT

DP

04/14/2011

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

\_\_\_\_\_  
Date