

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042790

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** BRYAN I. GERSTENBERG, D.D.S., P.A.

**Current Principal Place of Business:**

4828 N. DAVIS HWY  
PENSACOLA, FL

**New Principal Place of Business:**

905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

4828 N. DAVIS HWY  
PENSACOLA, FL

**New Mailing Address:**

905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**FEI Number:** 59-3446353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GERSTENBERG, BRYAN I DDS  
4828 N. DAVIS HWY  
PENSACOLA, FL 32503 US

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

GERSTENBERG, BRYAN I DDS  
905 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504 US

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:

02/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GERSTENBERG, BRYAN I DDS  
Address: 905 GARDEN GATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

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: BRYAN I. GERSTENBERG

D

02/02/2010

Electronic Signature of Signing Officer or Director

Date