

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000048175

Entity Name: DR. CHRIS RUSSELL, P.A.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3466 LITHIA PINECREST ROAD  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

3466 LITHIA PINECREST ROAD  
VALRICO, FL 33596

**New Mailing Address:**

FEI Number: 59-3442280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSSELL, CLARENCE H III  
450 KNIGHTS RUN AVE  
#802  
TAMPA, FL 33602 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: PDT  
Name: RUSSELL, O.D, CLARENCE H III  
Address: 450 KNIGHTS RUN AVE, #802  
City-St-Zip: TAMPA, FL 33602

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: CLARENCE H. RUSSELL, III OD

PRES

01/24/2011

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

\_\_\_\_\_  
Date