

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000063718

Entity Name: BRAD LEWIS, D.M.D., P.A.

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1400 N.E. MIAMI GARDENS DRIVE  
SUITE 201  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1400 N.E. MIAMI GARDENS DRIVE  
SUITE 201  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 65-0768779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, BRAD DMD  
1400 N.E. MIAMI GARDENS DRIVE  
SUITE 201  
NORTH MIAMI BEACH, FL 33179 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: LEWIS, BRAD DMD  
Address: 1400 NE MIAMI GARDENS DR, STE 201  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: BRAD LEWIS DMD

DR

01/09/2012

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

\_\_\_\_\_  
Date