

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090338

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** KANEHL DENTAL GROUP, P.A.

**Current Principal Place of Business:**

9066 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7933 BAYMEADOWS WAY  
SUITE 5  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9066 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7933 BAYMEADOWS WAY  
SUITE 5  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3471451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANEHL, BRUCE A  
9066 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

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

KANEHL, BRUCE A  
7933 BAYMEADOWS WAY  
SUITE 5  
JACKSONVILLE, FL 32256 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KANEHL, BRUCE A  
Address: 7933 BAYMEADOWS WAY, SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S  
Name: KANEHL, BRUCE A  
Address: 7933 BAYMEADOWS WAY, SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32256

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: BRUCE A. KANEHL, D.D.S.

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date