

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043769

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ROBERT ERIC HENNER, D.D.S., P.A.

**Current Principal Place of Business:**

840 US HWY. 1  
215  
N. PALM BCH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

840 US HWY. 1  
215  
N. PALM BCH, FL 33408

**New Mailing Address:**

**FEI Number:** 65-0836959      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HENNER, ROBERT E  
840 US HWY. 1  
SUITE 215  
N. PALM BCH, FL 33408 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: PDVS  
Name: HENNER, ROBERT E  
Address: 840 US HWY. 1  
City-St-Zip: N. PALM BCH, FL 33408

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: ROBERT E HENNER DDS

PRES

04/23/2012

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

\_\_\_\_\_ Date