

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032811

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** RENE A. BRIGNONI, DMD, FACP, PA

**Current Principal Place of Business:**

126 NW 76TH DR.SUITE C  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

3907 SW 86TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

126 NW 76TH DR.SUITE C  
GAINESVILLE, FL 32607

**FEI Number:** 59-3569228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIGNONI, RENE  
3907 SW 86TH STREET  
GAINESVILLE, FL 32608 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: PO  
Name: BRIGNONI, RENE A MD  
Address: 3907 SW 86TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

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: RENE BRIGNONI

PO

04/27/2011

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

\_\_\_\_\_ Date