

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052775

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** FRANK HERNANDEZ, D.M.D., P.A.

**Current Principal Place of Business:**

10125 W COLONIAL DRIVE  
SUITE 208  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10125 W COLONIAL DRIVE  
SUITE 208  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 59-3584225      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, FRANK DMD  
10125 W COLONIAL DR  
SUITE 208  
OCOEE, FL 34761 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: DPST  
Name: HERNANDEZ, FRANK DMD  
Address: 10125 W COLONIAL DR STE 208  
City-St-Zip: OCOEE, FL 34761

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: FRANK HERNANDEZ, DMD

DPST

01/07/2011

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

\_\_\_\_\_ Date