

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28222

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** LLOYD BEAUFILS, D.D.S., P.A.

**Current Principal Place of Business:**

10640 GRIFFIN ROAD  
STE. 101  
COOPER CITY, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

10640 GRIFFIN ROAD  
STE. 101  
COOPER CITY, FL 33328 US

**New Mailing Address:**

**FEI Number:** 65-0241731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEAUFILS, LLOYD  
10640 GRIFFIN ROAD  
STE. 101  
COOPER CITY, FL 33328 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: PST  
Name: BEAUFILS, LLOYD  
Address: 10640 GRIFFIN ROAD  
City-St-Zip: COOPER CITY, FL 33328

Title: D  
Name: BEAUFILS, LLOYD  
Address: 10640 GRIFFIN ROAD, STE. 101  
City-St-Zip: COOPER CITY, FL 33328

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: LLOYD BEAUFILS

DR

04/17/2012

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

\_\_\_\_\_  
Date