

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82256

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** LUCILLE BESELER, L.D., R.D., P.A.

**Current Principal Place of Business:**

5901 COLONIAL DR  
108  
MARGATE, FL 33063 US

**Current Mailing Address:**

5901 COLONIAL DR  
108  
MARGATE, FL 33063 US

**New Principal Place of Business:**

5350 W. HILLSBORO BLVD  
105  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

5350 W. HILLSBORO BLVD  
105  
COCONUT CREEK, FL 33073 US

**FEI Number:** 65-0294280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCANNELL, ROBIN J  
2335 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779 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: P  
Name: BESELER, LUCILLE  
Address: 5350 W. HILLSBORO BLVD  
City-St-Zip: COCONUT CREEK, FL 33073

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: LUCILLE BESELER

PRES

02/09/2012

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

\_\_\_\_\_  
Date