

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F91523

**Entity Name:** ELDON L. BUNN, D.D.S., P.A.

**Current Principal Place of Business:**

% BUNN, ELDON L. D.D.S.  
8305 COUNTY ROAD 44 LEG-A  
LEESBURG, FL 34788

**Current Mailing Address:**

% BUNN, ELDON L. D.D.S.  
8305 COUNTY ROAD 44 LEG-A  
LEESBURG, FL 34788

**FEI Number:** 59-2202479

**Certificate of Status Desired:** No

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

BUNN, ELDON L. D.D.S.  
8305 COUNTY ROAD 44 EG-A  
LEESBURG, FL 34788 US

*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

**Officer/Director Detail :**

Title DP  
Name BUNN, ELDON L, DDS  
Address 8305 CR 44 LEG A  
City-State-Zip: LEESBURG FL

*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:** ELDON L. BUNN, DDS

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date