

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000024366

**Entity Name:** KRISTIN C. KALWARA, DDS, P.A.

**Current Principal Place of Business:**

16544 LAKESHORE DRIVE  
MINNEOLA, FL 34715

**Current Mailing Address:**

P.O. BOX 1346  
MINNEOLA, FL 34755-1346

**FEI Number:** 59-3644771

**Certificate of Status Desired:** No

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

NARDOTTI, ANTHONY N  
3389 A WEST WOODBRIGHT RD  
BOYNTON BEACH, FL 33436 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 PVST  
Name KALWARA, KRISTIN CDDS  
Address 194 N HWY 27, SUITE F  
City-State-Zip: CLERMONT FL 34711

*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:** KRISTIN C KALWARA DDS

PRESIDENT

01/24/2013

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

\_\_\_\_\_ Date