

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000132776

**Entity Name:** TERRY E. NICHOLS, D.M.D., P.A.

**Current Principal Place of Business:**

966 7TH AVENUE  
GRACEVILLE, FL 32440

**Current Mailing Address:**

P O BOX 617  
GRACEVILLE, FL 32440 US

**FEI Number:** 26-1594703

**Certificate of Status Desired:** No

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

NICHOLS, TERRY ED.M.D.  
966 7TH AVENUE  
GRACEVILLE, FL 32440 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            D  
Name            NICHOLS, TERRY E  
Address        966 7TH AVENUE  
City-State-Zip: GRACEVILLE FL 32440

*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:** TERRY E NICHOLS

**PRESIDENT**

**01/15/2013**

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

\_\_\_\_\_  
Date