

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88252

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** THE VILLAGE DENTAL CARE, P.A.

**Current Principal Place of Business:**

111 LAGRANDE BLVD.  
LADY LAKE, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1900  
LADY LAKE, FL 321581900 US

**New Mailing Address:**

FEI Number: 59-2896805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARRELL, EDWARD J. DMD  
111 LAGRANDE BLVD.  
LADY LAKE, FL 32159 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: PTD  
Name: FARRELL, EDWARD J  
Address: 111 LAGRANDE BLVD.  
City-St-Zip: LADY LAKE, FL 32159

Title: VD  
Name: HALL II, RICHARD P  
Address: 111 LAGRANDE BLVD  
City-St-Zip: LADY LAKE, FL 32159

Title: SD  
Name: HARDS, MICHAEL H  
Address: 111 LAGRANDE BLVD  
City-St-Zip: LADY LAKE, FL 32159

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: RICHARD P. HALL II

VD

04/09/2012

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

\_\_\_\_\_ Date