2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P00000081698

Entity Name: THE DENTAL CENTER OF OCALA, P.A.

Current Principal Place of Business:

1500 SE 17TH ST
BLDG 400
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1035483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
6240 LAKE OSPREY DR.
SARASOTA, FL 34240 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: D
Name: CHILDERS, MICHAEL
Address: 6240 LAKE OSPREY DR.
City-St-Zip: SARASOTA, FL 34240

Title: T
Name: NICHOLS, DAVID
Address: 6240 LAKE OSPREY DR.
City-St-Zip: SARASOTA, FL 34240

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: DAVID NICHOLS CFO 04/19/2012

Electronic Signature of Signing Officer or Director — Date