

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033983

FILED
Feb 22, 2012
Secretary of State

Entity Name: WESTON FAMILY DENTAL CENTER, INC.

Current Principal Place of Business:

1350 S.W. 160TH AVE.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1350 S.W. 160TH AVE.
WESTON, FL 33326

New Mailing Address:

FEI Number: 05-0560957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFILIPPO, STEVEN
1350 SW 100TH AVE
WESTON, FL 33326 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: PT
Name: DIFILIPPO, STEVEN
Address: 8738 CARAWAY LAKE COURT
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VS
Name: SEVEL, DENNIS
Address: 2445 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

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: STEVEN DIFILIPPO

PT

02/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date