2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

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Entity Name: A CENTER FOR DENTAL EXCELLENCE, P.A.

Current Principal Place of Business:

12012 SOUTH SHORE BLVD
211
WELLINGTON, FL 33414 US

New Principal Place of Business:

12012 SOUTH SHORE BLVD
STE 211
WELLINGTON, FL 33414 US

Current Mailing Address:

12012 SOUTH SHORE BLVD
211
WELLINGTON, FL 33414 US

New Mailing Address:

2100 E HALLANDALE BCH BLVD
STE 309
HALLANDALE, FL 33009 US

FEI Number: 20-1621038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORBATOV, DMITRY D.D.S.
12012 S.SHORE BLVD
211
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

GORBATOV, DMITRY D.D.S.
2100 E HALLANDALE BCH BLVD
STE 309
HALLANDALE, FL 33009 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: DMITRY GORBATOV 02/22/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: GORBATOV, DMITRY D.D.S.
Address: 2100 E HALLANDALE BCH BLVD STE 309
City-St-Zip: HALLANADALE, FL 33009 US

Title: D
Name: ANOKHINA, SVETLANA D.D.S.
Address: 2100 E HALLANDALE BCH BLVD STE 309
City-St-Zip: HALLANDALE, FL 33009 US

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: DMITRY GORBATOV D 02/22/2011
Electronic Signature of Signing Officer or Director Date