

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151161

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** ODESSA FAMILY DENTISTRY, INC.

**Current Principal Place of Business:**

8734 N. MOBLEY ROAD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

8734 N. MOBLEY ROAD  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 20-8013133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOUGLAS, SHAWN J  
1710 DAIQUIRI LN  
LUTZ, FL 33549 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:** P  
**Name:** DOUGLAS, SHAWN J  
**Address:** 1710 DAIQUIRI LN  
**City-St-Zip:** LUTZ, FL 33549 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: SHAWN DOUGLAS

OWN

01/12/2011

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

\_\_\_\_\_ Date