

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087514

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: ADVANCED DENTAL CENTER, P.A.

## Current Principal Place of Business:

6160 N DAVIS HWY  
STE. 10-A  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

## Current Mailing Address:

6160 N DAVIS HWY  
STE. 10-A  
PENSACOLA, FL 32504 US

## New Mailing Address:

FEI Number: 26-0641769      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, ANDREW D.D.S.  
10047 ROOKERY ROAD  
PENSACOLA, FL 32507 US

## Name and Address of New Registered Agent:

TAYLOR, ANDREW D.D.S.  
6160 N DAVIS HWY, STE 10A  
PENSACOLA, FL 32504 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:

Electronic Signature of Registered Agent

03/25/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAYLOR, ANDREW D.D.S.  
Address: 10047 ROOKERY ROAD  
City-St-Zip: PENSACOLA, FL 32507 US

Title: S ( ) Delete  
Name: TAYLOR, ANDREW D.D.S.  
Address: 10047 ROOKERY ROAD  
City-St-Zip: PENSACOLA, FL 32507

Title: T ( ) Delete  
Name: TAYLOR, ANDREW D.D.S.  
Address: 10047 ROOKERY ROAD  
City-St-Zip: PENSACOLA, FL 32507

Title: DIR ( ) Delete  
Name: TAYLOR, ANDREW D.D.S.  
Address: 10047 ROOKERY ROAD  
City-St-Zip: PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TAYLOR, ANDREW D.D.S.  
Address: 6160 N DAVIS HWY, STE 10A  
City-St-Zip: PENSACOLA, FL 32504 US

Title: S (X) Change ( ) Addition  
Name: TAYLOR, ANDREW D.D.S.  
Address: 6160 N DAVIS HWY, STE 10A  
City-St-Zip: PENSACOLA, FL 32504

Title: T (X) Change ( ) Addition  
Name: TAYLOR, ANDREW D.D.S.  
Address: 6160 N DAVIS HWY, STE 10A  
City-St-Zip: PENSACOLA, FL 32504

Title: DIR (X) Change ( ) Addition  
Name: TAYLOR, ANDREW D.D.S.  
Address: 6160 N DAVIS HWY, STE 10A  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW TAYLOR DDS

Electronic Signature of Signing Officer or Director

P

03/25/2009

Date