

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087514

FILED
Jan 06, 2011
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.
6160 N DAVIS HWY, STE 10A
PENSACOLA, FL 32504 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: TAYLOR, ANDREW D.D.S.
Address: 6160 N DAVIS HWY, STE 10A
City-St-Zip: PENSACOLA, FL 32504 US

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

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

Title: DIR
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 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: ANDREW TAYLOR DDS

P

01/06/2011

Electronic Signature of Signing Officer or Director

_____ Date