

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082363

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: ISLAND COAST DENTISTRY INC

**Current Principal Place of Business:**

20570 GROVELINE CT  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

20570 GROVELINE CT  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 27-3646423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SKUPNY, JEFFREY  
20570 GROVELINE CT  
ESTERO, FL 33928 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: SKUPNY, JEFFREY  
Address: 20570 GROVELINE CT  
City-St-Zip: ESTERO, FL 33928

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: JEFFREY SKUPNY

P

04/26/2011

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

\_\_\_\_\_ Date