

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098744

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** FLORIDA DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3943 SO NOVA ROAD  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 291549  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 59-3414467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMPSON, SCOTT E  
595 WEST GRANADA BLVD. STE A  
ORMOND BEACH, FL 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIMPSON, SCOTT E  
Address: 595 W. GRANADA BLVD. STE A  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PST  
Name: HONERLAW, CARL M  
Address: 3943 S. NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32124

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: CARL M HONERLAW

PST

04/26/2010

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

\_\_\_\_\_ Date