

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098744

FILED
Apr 26, 2011
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

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

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date