

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17900

Entity Name: MEADOWS DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

4987 RINGWOOD MEADOW
SARASOTA, FL 34235

Current Mailing Address:

4987 RINGWOOD MEADOW
SARASOTA, FL 34235 US

FEI Number: 65-0035352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REIS, MICHAEL
4837 SWIFT RD. SUITE 210
SARASOTA, FL 34231 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

Date

Officer/Director Detail :

Title VP
Name PORTER, MARY I. DMD
Address 4987 RINGWOOD MEADOW
City-State-Zip: SARASOTA FL 34235

Title P
Name MCCABE D.M.D, TODD W
Address 4987 RINGWOOD MEADOW
City-State-Zip: SARASOTA FL 34235

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: TODD MCCABE

PRESIDENT

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date