

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88252

**FILED
Apr 16, 2014
Secretary of State
CC0165061730**

Entity Name: THE VILLAGE DENTAL CARE, P.A.

Current Principal Place of Business:

111 LAGRANDE BLVD.
LADY LAKE, FL 32159

Current Mailing Address:

PO BOX 1900
LADY LAKE, FL 32158-1900 US

FEI Number: 59-2896805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARRELL, EDWARD J. DMD
111 LAGRANDE BLVD.
LADY LAKE, FL 32159 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 PTD
Name FARRELL, EDWARD J
Address 111 LAGRANDE BLVD.
City-State-Zip: LADY LAKE FL 32159

Title VD
Name HALL II, RICHARD P
Address 111 LAGRANDE BLVD
City-State-Zip: LADY LAKE FL 32159

Title SD
Name HARDS, MICHAEL H
Address 111 LAGRANDE BLVD
City-State-Zip: LADY LAKE FL 32159

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: EDWARD J. FARRELL

PRESIDENT

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date