## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M88252

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

FILED Apr 17, 2013

**Secretary of State** 

CC8362025139

Officer/Director Detail:

Title PTD Title VD

NameFARRELL, EDWARD JNameHALL II, RICHARD PAddress111 LAGRANDE BLVD.Address111 LAGRANDE BLVDCity-State-Zip:LADY LAKE FL 32159City-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** 

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date