

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060410

Entity Name: FAMILY AND COSMETIC DENTISTRY OF HOLIDAY, PA

Current Principal Place of Business:

2404 US HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

2404 US HIGHWAY 19
HOLIDAY, FL 34691

FEI Number: 26-0201951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEAN, AFSANEH K
2404 US HIGHWAY 19
HOLIDAY, FL 34691 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 P
Name DEAN, AFSANEH K
Address 3809 ZACHARY ST
City-State-Zip: NEW PORT RICHEY FL 34655

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: AFSANEH K. DEAN

DMD

04/12/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date