

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463977

FILED
Jan 03, 2012
Secretary of State

Entity Name: KNIGHT DENTAL GROUP, INC.

Current Principal Place of Business:

3659 TAMPA RD
OLDSMAR, FL 34677

New Principal Place of Business:

3659 TAMPA RD
OLDSMAR, FL 34677 US

Current Mailing Address:

3659 TAMPA RD
OLDSMAR, FL 34677

New Mailing Address:

3659 TAMPA RD
OLDSMAR, FL 34677 US

FEI Number: 59-1555207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, WARREN H PRES
8146 SILVERMIST PL
TRINITY, FL 34655 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: P
Name: ROGERS, WARREN H PRES
Address: 8146 SILVERMIST PL
City-St-Zip: TRINITY, FL 34655

Title: S
Name: WOJDAN, BARBARA W SEC
Address: 2374 HILLCREEK CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33759

Title: D
Name: PINCUS, SCOTT J D
Address: 698 GLENWOOD TERRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D
Name: MULDER, JOANNA D
Address: 16012 ROYAL ABERDEEN PL
City-St-Zip: ODESSA, FL 33556

Title: D
Name: BROWN, KRISTEN D
Address: 124 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

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: /WARREN H. ROGERS/

PRES

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date