2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570684

FILED Jan 19, 2011 Secretary of State

Entity Name: INTERNATIONAL CENTER FOR COMPLETE DENTISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

111 2ND AVE NE #1104

ST PETERSBURG, FL 337013443

Current Mailing Address: New Mailing Address:

111 2ND AVE NE #1104 ST PETERSBURG, FL 337013443

FEI Number: 59-1823589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUPONT, GLENN E. 111 2ND AVE NE #1104 SAINT PETERSBURG, FL 337013443 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

OFFICERS AND DIRECTORS:

Title: TREA

Name: SCOTT, CARLEY J Address: 111 2ND AVE NE #1104

City-St-Zip: ST PETERSBURG, FL 337013443

Title: PRES

Name: DUPONT, GLENN E. Address: 111 2ND AVE NE #1104

City-St-Zip: ST. PETERSBURG, FL 337013443

Title: VP/S

Name: WILKERSON, DEWITT C Address: 111 2ND AVE NE #1104

City-St-Zip: ST. PETERSBURG, FL 337013443

Title: VP

Name: GRUNDSET, KENNETH W Address: 111 2ND AVE. NE #1104

City-St-Zip: ST. PETERSBURG, FL 337013443

Title: AS

Name: DAXON, KIMBERLY D DDS Address: 111 2ND AVE NE #1104

City-St-Zip: ST PETERSBURG, FL 337013443

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: GLENN E. DUPONT PRES 01/19/2011