

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 630400

**FILED**  
**Sep 17, 2012**  
**Secretary of State**

**Entity Name:** DENTAL CENTER OF WEST FLORIDA, P.A.

**Current Principal Place of Business:**

126 SOUTH 4TH AVE.  
WAUCHULA, FL 33873

**New Principal Place of Business:**

203 S 7 TH AVE  
WAUCHULA, FL 33873

**Current Mailing Address:**

126 SOUTH 4TH AVE.  
WAUCHULA, FL 33873

**New Mailing Address:**

203 S 7 TH AVE  
WAUCHULA, FL 33873

**FEI Number:** 59-1927147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLMES, JOSEPH W  
102085TH CT. NW  
BRADENTON, FL 34209 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: PTS  
Name: HOLMES, JOSEPH W PTS  
Address: 1020 85TH CT. NW.  
City-St-Zip: BRADENTON, FL 34209

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: JOSEPH W HOLMES

PRES

09/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date