

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001642

FILED
Apr 30, 2012
Secretary of State

Entity Name: ASPEN DENTAL MANAGEMENT, INC.

Current Principal Place of Business:

281 SANDERS CREEK PARKWAY
EAST SYRACUSE, NY 13057

New Principal Place of Business:

Current Mailing Address:

281 SANDERS CREEK PARKWAY
EAST SYRACUSE, NY 13057

New Mailing Address:

FEI Number: 22-3635491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO
Name: FONTANA, ROBERT A
Address: 281 SANDERS CREEK PARKWAY
City-St-Zip: EAST SYRACUSE, NY 13057

Title: CFO
Name: LEWIS, GEOFFREY F
Address: 281 SANDERS CREEK PARKWAY
City-St-Zip: EAST SYRACUSE, NY 13057

Title: D
Name: FONTANA, ROBERT A
Address: 281 SANDERS CREEK PARKWAY
City-St-Zip: EAST SYRACUSE, NY 13057

Title: D
Name: ROSENTHAL, BENNETT
Address: 1999 AVENUE OF THE STARS - SUITE 1900
City-St-Zip: LOS ANGELES, CA 90067

Title: D
Name: RAHEMTULLA, NAV
Address: 1999 AVENUE OF THE STARS - SUITE 1900
City-St-Zip: LOS ANGELES, CA 90067

Title: D
Name: BAUMER, JOHN
Address: 11111 SANTA MONICA BOULEVARD - SUITE 2000
City-St-Zip: LOS ANGELES, CA 90025

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: GEOFFREY F. LEWIS

CFO

04/30/2012

Electronic Signature of Signing Officer or Director

Date