2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# F95000003042

Entity Name: AMERICANA DENTAL, INC.

Current Principal Place of Business:

5159 RIO VISTA AVE
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 17412
COVINGTON, KY 410170000

New Mailing Address:

FEI Number: 61-1206760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, PEDRO
5159 RIO VISTA AVE
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FERNANDEZ, PEDRO
Address: 5159 RIO VISTA AVE
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete
Name: MOEHLMAN, MARLENE
Address: 11 STEVENS COURT
City-St-Zip: VILLA HILLS, KY 41017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARLENE MOEHLMAN S 03/17/2005

Electronic Signature of Signing Officer or Director Date