# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2011**
**Secretary of State**

DOCUMENT# G71815

**Entity Name:** SPRING HILL DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

11025 SPRING HILL DRIVE
SPRING HILL, FL 346085049

**New Principal Place of Business:**

11025 SPRING HILL DRIVE
SPRING HILL, FL 346085049 US

**Current Mailing Address:**

11025 SPRING HILL DRIVE
SPRING HILL, FL 346085049

**New Mailing Address:**

11025 SPRING HILL DRIVE
SPRING HILL, FL 346085049 US

**FEI Number: 59-2339770** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

AUGUSTYNIAK, EDWARD F DR.
11025 SPRING HILL DR
SPRINGHILL, FL 34608 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: DR
Name: AUGUSTYNIAK, EDWARD F DMD
Address: 11025 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34608

Title: DR
Name: LU, PAUL B DMD
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 1

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: E.F. AUGUSTYNIAK DR 01/10/2011

Electronic Signature of Signing Officer or Director Date