

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71815

FILED  
Jan 31, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11025 SPRING HILL DRIVE  
SPRING HILL, FL 346085049 US

**New Principal Place of Business:**

11025 SPRING HILL DRIVE  
11025 SPRING HILL DRIVE  
SPRING HILL, FL 346085049 US

**Current Mailing Address:**

11025 SPRING HILL DRIVE  
SPRING HILL, FL 346085049 US

**New Mailing Address:**

11025 SPRING HILL DRIVE  
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:**

AUGUSTYNIK, EDWARD F DR.  
11025 SPRING HILL DR  
SPRINGHILL, FL 34608 US

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

AUGUSTYNIK, EDWARD F DR.  
11025 SPRING HILL DR  
SUITE B  
SPRINGHILL, FL 34608 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: EDWARD F. AUGUSTYNIK, D.M.D.

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: MRS  
Name: AUGUSTYNIK, 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. AUGUSTYNIK

DR

01/31/2012

Electronic Signature of Signing Officer or Director

Date