

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32140

FILED
Aug 30, 2012
Secretary of State

Entity Name: GULF COAST DENTAL CENTER, INC.

Current Principal Place of Business:

259 E. HIGHLAND BLVD
INVERNESS, FL 34452 US

New Principal Place of Business:

2454 N BRENTWOOD CIRCLE
LECANTO, FL 34461 US

Current Mailing Address:

259 E. HIGHLAND BLVD
INVERNESS, FL 34452 US

New Mailing Address:

2454 N BRENTWOOD CIRCLE
LECANTO, FL 34461 US

FEI Number: 59-2473848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESHKOV, MARTIN
259 E. HIGHLAND BLVD.
INVEMESS, FL 34452 US

Name and Address of New Registered Agent:

ESHKOV, MARTIN
2454 N BRENTWOOD CIRCLE
LECANTOL, FL 34461 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:

Electronic Signature of Registered Agent

08/30/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ESHKOV, MARTIN
Address: 2454 N BRENTWOOD CIRCLE
City-St-Zip: LECANTO, FL 34461 US

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: MARTIN ESHKOV

Electronic Signature of Signing Officer or Director

PRES

08/30/2012

Date