

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41628

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** DENTAL DISTRIBUTORS, INC.

**Current Principal Place of Business:**

% A. CARROLL YOUNG  
10387 GANDY BOULEVARD, STE. 102-A  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

% A. CARROLL YOUNG  
10387 GANDY BOULEVARD, STE. 102-A  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-2490223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, A. CARROLL  
10387 GANDY BLVD.  
SUITE 102-A  
ST. PETERSBURG, FL 33702 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: PDT  
Name: YOUNG, RUTH M  
Address: 2808 FOREST CLUB DRIVE  
City-St-Zip: PLANT CITY, FL 33566

Title: CDS  
Name: YOUNG, A. CARROLL  
Address: 2808 FOREST CLUB DRIVE  
City-St-Zip: PLANT CITY, FL 33566

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: A. CARROLL YOUNG

CDS

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date