

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52204

FILED
Feb 18, 2011
Secretary of State

Entity Name: GOLDEN DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

DAVID C. PIELAK
1641 DAVENPORT DRIVE
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

DAVID C. PIELAK
1641 DAVENPORT DRIVE
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 59-2758598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIELAK, DAVID C
1641 DAVENPORT DRIVE
TRINITY, FL 34655 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: PIELAK, DAVID C DAVID P
Address: 1641 DAVENPORT DRIVE
City-St-Zip: TRINITY, FL 34655 US

Title: MRS
Name: PIELAK, ELEANOR D
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR.
Name: PIELAK, DAVID C DAVID P
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 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: DAVID C. PIELAK

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date