

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06447

FILED
Mar 17, 2011
Secretary of State

Entity Name: WILLIAM J. MORSE FAMILY DENTISTRY, INC.

Current Principal Place of Business:

2199 A1A S
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

2199 A1A S
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2954764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, NANCY P
2199 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: D
Name: MORSE, WILLIAM J
Address: 2199 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: ST
Name: MORSE, NANCY P
Address: 2199 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

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: WILLIAM J. MORSE

D

03/17/2011

Electronic Signature of Signing Officer or Director

Date