# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2010**
**Secretary of State**

DOCUMENT# N05000002162

**Entity Name:** SOUTHEASTERN MOBILE DENTAL SERVICES, INC.

**Current Principal Place of Business:**

9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 20-2632886** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JONES, JUDY
9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157 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: EZELL, STEPHEN
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

Title: D
Name: WILSON, DON
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

Title: D
Name: JONES, JUDY
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN BRYAN WILSON CEO 04/13/2010

Electronic Signature of Signing Officer or Director — Date