

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002737

FILED  
Mar 04, 2012  
Secretary of State

**Entity Name:** HIGHLANDS COUNTY DENTAL SOCIETY, INC.

**Current Principal Place of Business:**

108 S. MAIN AVENUE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

108 S. MAIN AVENUE  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 26-2124845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLATTE, BARBARA A D.D.S.  
108 S. MAIN AVENUE  
LAKE PLACID, FL 33852 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: PLATTE, BARBARA A D.D.S.  
Address: 108 S. MAIN AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

Title: DR.  
Name: KIRSCH, MICHAEL D.D.S.  
Address: 4660 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

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: BARBARA A PLATTE

DR

03/04/2012

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

\_\_\_\_\_  
Date