2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# N11000009483

Entity Name: COMMUNITY DENTAL CLINIC, INC.

Current Principal Place of Business:

3117 HARVEST MOON DR.
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

3117 HARVEST MOON DR.
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 45-3340613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLER, STEPHEN H
3117 HARVEST MOON DR.
PALM HARBOR, FL 34683 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: PRES
Name: HELLER, STEPHEN H
Address: 3117 HARVEST MOON DR.
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP
Name: LIVINGSTON, BRUCE V
Address: 1878 ROYAL OAK PLACE
City-St-Zip: DUNEDIN, FL 34698

Title: SEC
Name: SHAPIRO, JEAN R
Address: 308 HICKORY LANE
City-St-Zip: LARGO, FL 33770 US

Title: TREA
Name: ROSENQUIST, JANET K
Address: 1000 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET K. ROSENQUIST TREA 04/18/2012

Electronic Signature of Signing Officer or Director Date