# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# N97000007136

**Entity Name:** PROJECT: DENTISTS CARE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2476 EDISON AVE.
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEE COUNTY DENTAL SOCIETY
P. O. BOX 7429
FT. MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number: 65-0822909** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TRUAX, WILLIAM H II
6528 DANIEL CT.
FORT MYERS, FL 33908 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: VD
Name: DUNDEE, NICHOLAS J DR.
Address: 455 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33990

Title: PD
Name: TRUAX, WILLIAM H II, DR.
Address: 6528 DANIEL CT.
City-St-Zip: FORT MYERS, FL 33908

Title: TSD
Name: KING, BRYANT DR.
Address: 6960-30 DANIELS PKWY
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: JANDIK, KENNETH DR.
Address: 35 BARKLEY CIR, #1
City-St-Zip: FORT MYERS, FL 33907

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: DR. WILLIAM H. TRUAX, II P/D 01/05/2011

Electronic Signature of Signing Officer or Director Date