

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011052

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: WADSWORTH DENTAL, P.A.

## Current Principal Place of Business:

13940 US 441  
SUITE 602  
LADY LAKE, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

13940 US 441  
SUITE 602  
LADY LAKE, FL 32159

## New Mailing Address:

FEI Number: 59-3631874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKATES, JEFFREY P ESQ.  
1950 LAUREL MANOR DRIVE  
SUITE 140  
THE VILLAGE, FL 32162 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: WADSWORTH, LISA E  
Address: P. O. BOX 3817  
City-St-Zip: BELLEVIEW, FL 34421

Title: PS  
Name: WADSWORTH, LISA E  
Address: 13940 US HIGHWAY 441, STE. 602  
City-St-Zip: LADY LAKE, FL 32159

Title: VPT  
Name: WADSWORTH, JOEL R JR  
Address: 13940 US HIGHWAY 441, SUITE 602  
City-St-Zip: LADY LAKE, FL 32159

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: JOEL R. WADSWORTH JR.

VP

01/05/2012

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

\_\_\_\_\_  
Date