2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

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Entity Name: COMPLETE DENTAL CARE, P.A.

Current Principal Place of Business:

11213 NORTH NEBRASKA AVE STE 406-C
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

11213 NORTH NEBRASKA AVE STE 406-C
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3661067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H ESQ.
C/O DRUMMOND WEHLE & ROSS LLP
328 WEST BEARSS AVENUE
TAMPA, FL 33613 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OVP
Name: JONES, WILTON T JR
Address: 6606 MUCK POND ROAD
City-St-Zip: SEFFNER, FL 33584

Title: P
Name: HANNAH-JONES, KIMBERLY
Address: 6606 MUCK POND ROAD
City-St-Zip: SEFFNER, FL 33584

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: KIMBERLY L HANNAH-JONES P 04/23/2010

Electronic Signature of Signing Officer or Director Date