

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000058541

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**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:**

11213 NORTH NEBRASKA AVE  
406C  
TAMPA, FL 33612

**Current Mailing Address:**

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

**New Mailing Address:**

11213 NORTH NEBRASKA AVE  
406C  
TAMPA, FL 33612

**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

**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

OVP

04/20/2011

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

\_\_\_\_\_  
Date