

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069052

FILED
Apr 11, 2011
Secretary of State

Entity Name: OCEAN BREEZE DENTAL, P.A.

Current Principal Place of Business:

817 WESTPORT DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

817 WESTPORT DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3667021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALIMNIOS, MARY L DMD,PA
817 WESTPORT DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

KALIMNIOS, MARY L DMD
817 WESTPORT DRIVE
ROCKLEDGE, FL 32955 US

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: MARY L KALIMNIOS DMD

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCFO
Name: MARY L. KALIMNIOS DMD
Address: 1167 INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32922

Title: VP
Name: JASON WETMORE DMD
Address: 877 WESTPORT DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S
Name: BARBARA WETMORE DMD
Address: 877 WESTPORT DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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: MARY L KALIMNIOS DMD

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04/11/2011

Electronic Signature of Signing Officer or Director

Date