

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000004709

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** FORTUNE DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

226 EAST NEW YORK AVENUE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

226 EAST NEW YORK AVENUE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-3690707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAHAM, IVAN C VP  
226 EAST NEW YORK AVENUE  
DELAND, FL 32724 US

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

GRAHAM, IVAN C  
226 EAST NEW YORK AVENUE  
DELAND, FL 32724 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: IVAN GRAHAM

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVTD  
Name: GRAHAM, IVAN  
Address: 226 E. NEW YORK AVE  
City-St-Zip: DELAND, FL 32724

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: IVAN GRAHAM

PRES

03/30/2011

Electronic Signature of Signing Officer or Director

Date