

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013179

Entity Name: CAPE SIDE DENTAL, PA

FILED
Jun 15, 2011
Secretary of State

Current Principal Place of Business:

865 PALM BAY RD, SUITE 104
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 120641
WEST MELBOURNE, FL 329120486 US

New Mailing Address:

FEI Number: 59-3694205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTLEY, SAMUEL
865 PALM BAY ROAD
WEST MELBOURNE, FL 32904 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: P
Name: ARTLEY, SAMUEL
Address: PO BOX 120641
City-St-Zip: WEST MELBOURNE, FL 329120641

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: SAMUEL ARTLEY

P

06/15/2011

Electronic Signature of Signing Officer or Director

Date