

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061047

FILED
Jan 05, 2012
Secretary of State

Entity Name: APOLLO BEACH FAMILY DENTISTRY, INC.

Current Principal Place of Business:

101 FLAMINGO SUITE D
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

101 FLAMINGO SUITE D
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3727587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, SHARON DDS
101 FLAMINGO SUITE D
APOLLO BEACH, FL 33572 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: D
Name: COLLIER, SHARON DDS
Address: 3816 BOARDWALK PLACE
City-St-Zip: RUSKIN, FL 33570

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: SHARON COLLIER

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date