2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

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Entity Name: APPEARANCE IMPLANT & LASER DENTISTRY OF JUPITER, P.A.

Current Principal Place of Business:

6390 WEST INDIANTOWN ROAD
#32
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6390 WEST INDIANTOWN ROAD
#32
JUPITER, FL 33458

New Mailing Address:

18421 LOST LAKE WAY
JUPITER, FL 33458

FEI Number: 65-1136765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARROUFF, WADE DR.
6390-32 WEST INDIANTOWN ROAD
JUPITER, FL 33458 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: DR
Name: HARROUFF, WADE .
Address: 6390-32 WEST INDIANTOWN ROAD
City-St-Zip: JUPITER, FL 33458

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: WADE HARROUFF DR 03/30/2012

Electronic Signature of Signing Officer or Director Date