

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000064205

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** THE NEW PEDIATRIC DENTAL CARE OF GREATER ORLANDO, INC.

**Current Principal Place of Business:**

11309 LAKE UNDERHILL ROAD  
SUITE 103  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

3302 CORONET AVENUE  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:** 03-0467831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, LINCOLN B  
3302 CORONET AVENUE  
ORLANDO, FL 32825 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: TAYLOR, LINCOLN B  
Address: 11309 LAKE UNDERHILL ROAD SUITE 103  
City-St-Zip: ORLANDO, FL 32825 US

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: LINCOLN B. TAYLOR

P

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date