

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000089252

**Entity Name:** VILLAGE DENTAL, INC.

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

550 SW 3RD ST  
SUITE 108  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

2735 NE 26TH ST.  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 04-3709108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLLS, GREGG E  
5720 NW 46TH DR  
CORAL SPRINGS, FL 33067 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:** NUDELBERG, MICHAEL  
**Address:** 2735 NE 26TH ST.  
**City-St-Zip:** LIGHTHOUSE POINTE, FL 33064

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:** MICHAEL E. NUDELBERG

P

04/03/2011

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

\_\_\_\_\_  
Date