# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2011**
**Secretary of State**

DOCUMENT# P03000003156

**Entity Name:** THE DENTAL CENTER (SARASOTA), P.A.

**Current Principal Place of Business:**

3920 BEE RIDGE ROAD
BLDG E SUITE C
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

ONE S. SCHOOL AVE #1000
SARASOTA, FL 34237

**New Mailing Address:**

6240 LAKE OSPREY DR.
SARASOTA, FL 34240

**FEI Number: 71-0926221** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NICHOLS, DAVID P
ONE S. SCHOOL AVE #1000
SARASOTA, FL 34237 US

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

NICHOLS, DAVID P
6240 LAKE OSPREY DR.
SARASOTA, FL 34240 US

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: DAVID NICHOLS 04/25/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: CHILDERS, MICHAEL
Address: 6240 LAKE OSPREY DR.
City-St-Zip: SARASOTA, FL 34240

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: DAVID NICHOLS CFO 04/25/2011
Electronic Signature of Signing Officer or Director Date