

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008473

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: HOLLIS DENTAL, INC.

**Current Principal Place of Business:**

147 SALEM COURT  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

147 SALEM COURT  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 56-2319762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HOLLIS, BRENDA L DMD  
1910 ALBAN AVENUE  
TALLAHASSEE, FL 32301 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: HOLLIS, BRENDA L DMD  
Address: 1910 ALBAN AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

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: BRENDA L. HOLLIS

DMD

04/20/2011

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

\_\_\_\_\_ Date