

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031091

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: PRO DENTAL ARTS, INC.

**Current Principal Place of Business:**

350 N. WASHINGTON AVE.,  
SUITE D & E  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

350 N. WASHINGTON AVE.,  
SUITE D & E  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 91-2186313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAHERY, FRANCIS O IV  
350 N. WASHINGTON AVE.,  
SUITE D & E  
TITUSVILLE, FL 32796 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: PTD  
Name: MAHERY, FRANCIS O IV  
Address: 350 N. WASHINGTON AVE., SUITE D & E  
City-St-Zip: TITUSVILLE, FL 32796

Title: VSD  
Name: MAHERY, JANINE E  
Address: 350 N. WASHINGTON AVE., SUITE D & E  
City-St-Zip: TITUSVILLE, FL 32796

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: FRANCIS O. MAHERY IV

PTD

02/18/2011

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

\_\_\_\_\_ Date