

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000050660

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** AFFORDABLE DENTURES - PENSACOLA, P.A.

**Current Principal Place of Business:**

8102 NORTH DAVIS HIGHWAY  
SUITE 14  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1042  
KINSTON, NC 28503

**New Mailing Address:**

**FEI Number:** 16-1664004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NARI SERVICES, INC.  
2731 EXECUITVE PARK DR STE 4  
WESTON, FL 33331 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: PD  
Name: TURNER, JEFFREY PD  
Address: 4150 CASTLE GATE  
City-St-Zip: PACE, FL 32571

Title: S  
Name: STEELMAN, PAUL  
Address: POST OFFICE BOX 1042  
City-St-Zip: KINSTON, NC 28503

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: S. PAUL STEELMAN

SECR

01/06/2011

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

\_\_\_\_\_  
Date