2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P03000051238

Entity Name: SPRINGS FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

2855W. STATE ROAD 434
SUITE 1031
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2855W. STATE ROAD 434
SUITE 1031
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 86-1063557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, JOHN D
1023 MANATEE AVENUE WEST
SUITE 100
BRADENTON, FL 34205 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: D
Name: HAWKINS, ROBERT B D.M.D.
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779 US

Title: P
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779 US

Title: V
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779 US

Title: T
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779 US

Title: S
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779 US

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: ROBERT B. HAWKINS PRES 02/10/2011

Electronic Signature of Signing Officer or Director Date