

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088303

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** DENTAL TEMPS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

13891 IBIS POINT BLVD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13245 ATLANTIC BOULEVARD, SUITE 4-374  
JACKSONVILLE, FL 322253127

**New Mailing Address:**

FEI Number: 56-2386008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANE, TERENCE G JR.  
233 EAST BAY STREET  
SUITE 620  
JACKSONVILLE, FL 32202 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: PRES  
Name: KNAPP, KIM E  
Address: 13245 ATLANTIC BOULEVARD, SUITE 4-374  
City-St-Zip: JACKSONVILLE, FL 322253127

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: KIM E KNAPP

PRES

01/28/2011

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

\_\_\_\_\_ Date