

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000089688

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** KINGSWAY DENTAL CARE, INC.

**Current Principal Place of Business:**

2200 KINGS HIGHWAY  
SUITE 3I  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 13-4261325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, WALTER S  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 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:** MARTINEAU, ANDREW J  
**Address:** 2332 VALENCIA DRIVE  
**City-St-Zip:** SARASOTA, FL 34239

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:** ANDREW J. MARTINEAU

PRES

04/23/2011

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

\_\_\_\_\_  
Date