

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124034

FILED
May 10, 2012
Secretary of State

Entity Name: FAMILY CARE DENTAL, P.A.

Current Principal Place of Business:

50 SPRING VISTA DRIVE
DEBARY, FL 32713

New Principal Place of Business:

54 SPRING VISTA DRIVE
DEBARY, FL 32713

Current Mailing Address:

50 SPRING VISTA DRIVE
DEBARY, FL 32713

New Mailing Address:

54 SPRING VISTA DRIVE
DEBARY, FL 32713

FEI Number: 20-0454429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRAS, DENISE
8273 DAY LILY PLACE
SANFORD, FL 32771 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: PERRAS, DENISE
Address: 8273 DAY LILY PLACE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: PERRAS, SCOTT
Address: 8273 DAY LILY PLACE
City-St-Zip: SANFORD, FL 32771

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: DENISE PERRAS

PRES

05/10/2012

Electronic Signature of Signing Officer or Director

Date