2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# P03000154845

Entity Name: HARBORSIDE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

522 EAST MARION AVE
SUITE 131 3RD FLOOR
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

99 NESBIT ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-0891967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, DAVID A ESQ
99 NESBIT ST
PUNTA GORDA, FL 33950 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: DPT
Name: MOENNING, DANIEL K MD
Address: 5544 SEA EDGE DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: VS
Name: MOENNING, MICHELLE W
Address: 5544 SEA EDGE DR
City-St-Zip: PUNTA GORDA, FL 33950

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: DANIEL K. MOENNING, DDS DPT 04/06/2011

Electronic Signature of Signing Officer or Director Date