

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072046

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** SUMMERFIELD FAMILY DENTAL, P.A.

**Current Principal Place of Business:**

11319 BIG BEND ROAD  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

16737 FISHHAWK BLVD  
LITHIA, FL 33547

**New Mailing Address:**

16211 FISHHAWK BLVD  
LITHIA, FL 33547

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

REEDY, MICHAEL CPA  
305 N PARSONS AVE  
BRANDON, FL 33510 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JOHNSON, MARC R DMD  
Address: 16211 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: DR  
Name: JUDSON, CHRISTOPHER G DMD  
Address: 16211 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: DR  
Name: ANDERSON, FREDERICK D DMD  
Address: 16211 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

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:** DAMIAN ANDERSON

SEC

01/20/2010

Electronic Signature of Signing Officer or Director

Date