2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P04000072046

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:

16211 FISHHAWK BLVD
LITHIA, FL 33547

New Mailing Address:

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

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: CHRISTOPHER JUDSON DR 03/08/2011

Electronic Signature of Signing Officer or Director — Date