

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000108779

Entity Name: DENTAL TRANSITIONS INC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2113 NE 44 STREET  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50153  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

FEI Number: 20-1398809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DARE, IRENE M  
401 BRINEY AVE  
503  
POMPANO BEACH, FL 33062 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: P  
Name: DARE, IRENE M  
Address: 401 BRINEY AVE APT 503  
City-St-Zip: POMPANO BEACH, FL 33062 US

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: IRENE M DARE

PRES

01/08/2010

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

\_\_\_\_\_  
Date