

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134405

**FILED**  
**Jun 23, 2011**  
**Secretary of State**

**Entity Name:** DENTAL ARTS OF FLORIDA PA

**Current Principal Place of Business:**

7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256

**New Mailing Address:**

10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256

**FEI Number:** 20-1664013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURSONOFF, TIM  
7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256 US

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

TURSONOFF, TIM  
10986 WOOD EDEN COURT  
JACKSONVILLE, FL 32256 US

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

06/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TURSUNOV, ANGELLA G  
Address: 10986 WOOD EDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO  
Name: TURSONOFF, TIM  
Address: 10986 WOOD EDEN COURT  
City-St-Zip: JACKSONVILLE, FL 32256

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: TIM TURSONOFF

Electronic Signature of Signing Officer or Director

COO

06/23/2011

Date