

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000009097

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** THE ORLANDO DENTAL GROUP, P.A.

**Current Principal Place of Business:**

121 S. ORANGE AVE  
1170-N  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

7221 CHANCERY LANE  
ORLANDO, FL 32809 US

**Current Mailing Address:**

121 S. ORANGE AVE  
1170-N  
ORLANDO, FL 32801 US

**New Mailing Address:**

7221 CHANCERY LANE  
ORLANDO, FL 32809 US

**FEI Number:** 20-2341885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PYLE, KENNETH E  
121 S. ORANGE AVE  
1170-N  
ORLANDO, FL 32801 US

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

PYLE, KENNETH E  
7221 CHANCERY LANE  
ORLANDO, FL 32809 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:** KENNETH E. PYLE, PRES

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** PYLE, KENNETH E  
**Address:** 7221 CHANCERY LANE  
**City-St-Zip:** ORLANDO, FL 32809 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:** KENNETH E PYLE

PRES

02/20/2011

Electronic Signature of Signing Officer or Director

Date