2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: LAUREL MANOR CENTER FOR COMPREHENSIVE DENTISTRY, P.A.

Current Principal Place of Business:

1950 LAUREL MANOR DR
SUITE 180B
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1950 LAUREL MANOR DR
SUITE 180B
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 20-2699709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ILKKA, DON J. DDS
8301 COUNTY RD. 44, LEG A
LEESBURG, FL 34788 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: D
Name: ILKKA, DON J. DDS
Address: 8301 COUNTY RD. 44, LEG A
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: ROZENSKY, RICHARD W DDS
Address: 8792 SE 165TH MULBERRY LANE
City-St-Zip: THE VILLAGES, FL 32162

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: DON J. ILKKA SEC. 04/11/2011

Electronic Signature of Signing Officer or Director Date