

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000068871

**FILED**  
**Jun 04, 2012**  
**Secretary of State**

**Entity Name:** DENTSMITH OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1345 COMBEE RD.  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1606  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-3275119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, BEN R  
1345 COMBEE RD N  
LAKELAND, FL 338801 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: P  
Name: SMITH, MINERVA  
Address: 120 ADAMS RD.  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: VP  
Name: SMITH, BEN  
Address: 120 ADAMS RD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: VP  
Name: MCFARLAND, TRACY N  
Address: 3013 E. CROWN DR.  
City-St-Zip: INVERNESS, FL 34453

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: BEN SMITH

VP

06/04/2012

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

\_\_\_\_\_  
Date