

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089551

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** A & D ORTHODONTIC MANAGEMENT CORP.

**Current Principal Place of Business:**

3001 EXECUTIVE DR  
SUITE 180  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 EXECUTIVE DR  
SUITE 180  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 20-3058013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSSLAND, FRANK N ESQ.  
29605 U.S. HWY 19 N.  
SUITE 330  
CLEARWATER, FL 33761 US

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

HUCKSTEP, LAURA L  
3001 EXECUTIVE DR  
SUITE 180  
CLEARWATER, FL 33762 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: LAURA L. HUCKSTEP

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHOOPAK, ALAN D  
Address: 3001 EXECUTIVE DRIVE, SUITE 180  
City-St-Zip: CLEARWATER, FL 33762 US

Title: D  
Name: BUCHMAN, DENNIS J.L.  
Address: 3001 EXECUTIVE DRIVE, SUITE 180  
City-St-Zip: CLEARWATER, FL 33762 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: ALAN D. SHOOPAK

D

04/19/2012

Electronic Signature of Signing Officer or Director

Date