

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104700

Entity Name: TOWER DENTAL, INC.

FILED  
Apr 11, 2011  
Secretary of State

**Current Principal Place of Business:**

27400 RIVERVIEW CENTER BLVD  
BUILDING 8 SUITE 8  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

27400 RIVERVIEW CENTER BLVD  
BUILDING 8 STE 8  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

27400 RIVERVIEW CENTER BLVD  
BUILDING 8 SUITE 8  
BONITA SPRINGS, FL 34134 US

FEI Number: 04-3821479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCHA, SONIA A  
27400 RIVERVIEW CENTER BLVD  
BUILDING 8 STE 8  
BONITA SPRINGS, FL 34134 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: PTD  
Name: ROCHA, SONIA A  
Address: 27400 RIVERVIEW CENTER BLVD SUITE 8  
City-St-Zip: NAPLES, FL 34134 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: SONIA A. ROCHA

PTD

04/11/2011

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

\_\_\_\_\_ Date