

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000652

FILED
Jun 12, 2012
Secretary of State

Entity Name: ARLINGTON DENTAL CENTER, P.A.

Current Principal Place of Business:

7301 MERRILL ROAD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

7301 MERRILL ROAD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 54-2191717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADBERRY, BENTON L
7301 MERRILL ROAD
JACKSONVILLE, FL 32277 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: JONES, HAROLD L DDS
Address: 7301 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: JONES, HAROLD L DDS
Address: 7301 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

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: HAROLD L. JONES, D.D.S.

P

06/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date