

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039411

FILED  
Jul 12, 2007  
Secretary of State

Entity Name: CENTRAL FLORIDA DENTAL CENTERS, P.A.

## Current Principal Place of Business:

8585 SW HWY. 200  
9  
OCALA, FL 34481 US

## New Principal Place of Business:

2669 EAST SILVER SPRINGS BOULEVARD  
OCALA, FL 34470 US

## Current Mailing Address:

8585 SW HWY. 200  
9  
OCALA, FL 34481 US

## New Mailing Address:

2669 EAST SILVER SPRINGS BOULEVARD  
OCALA, FL 34470 US

FEI Number: 20-4524893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PENROD, ROBERT L  
3240 SW 34TH STREET  
1001  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

SPIVEY, BEN M  
8878 SW 57TH COURT ROAD  
OCALA, FL 34476 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: BEN M. SPIVEY

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SPIVEY, BEN M  
Address: 8878 SW 57TH COURT ROAD  
City-St-Zip: Ocala, FL 34476 US

Title: VP ( ) Delete  
Name: PENROD, ROBERT L  
Address: 3240 SW 34TH ST., APT. 1001  
City-St-Zip: Ocala, FL 34474 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEN M. SPIVEY

P

07/12/2007

Electronic Signature of Signing Officer or Director

Date