

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065231

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** DENTAL CARE OF VAN DYKE, INC.

**Current Principal Place of Business:**

17553 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

17553 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 20-4846392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REHSI, ISHWER PD  
17553 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 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:** PD  
**Name:** REHSI, ISHWER  
**Address:** 17553 NORTH DALE MABRY HIGHWAY  
**City-St-Zip:** LUTZ, FL 33548

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:** ISHWER REHSI

PD

03/03/2011

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

\_\_\_\_\_  
Date