

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102222

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** BELLA BELLA DENTAL GROUP, INC

**Current Principal Place of Business:**

3185 CITRUS TOWER BLVD  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

3185 CITRUS TOWER BLVD  
CLERMONT, FL 34711 US

**New Mailing Address:**

FEI Number: 20-5354428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAN, LIEN T  
3185 CITRUS TOWER BLVD  
CLERMONT, FL 34711 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: VAN, LIEN T  
Address: 3185 CITRUS TOWER BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: O  
Name: VAN, SAMMY T  
Address: 4184 MAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: O  
Name: VAN, HIEN THI T  
Address: 4184 MAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129 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: LIEN T. VAN

P

01/13/2011

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

\_\_\_\_\_ Date