2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

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Entity Name: CONTE DENTAL, P.A.

Current Principal Place of Business:

9400 FOUNTAIN MEDICAL COURT
B101
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

8899 TIMBERWILDE DRIVE
SUTIE 1
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

9400 FOUNTAIN MEDICAL COURT
B101
BONITA SPRINGS, FL 34135 US

New Mailing Address:

8899 TIMBERWILDE DRIVE
SUTIE 1
BONITA SPRINGS, FL 34135 US

FEI Number: 20-5765240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTE, TONIANN
2001 MITZI LANE
SANIBEL, FL 33957 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: PRES
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: TRES
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: SECT
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: DIR
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 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: TAC PRES 02/14/2012

Electronic Signature of Signing Officer or Director Date