

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125680

FILED
Mar 17, 2011
Secretary of State

Entity Name: ALAFAYA DENTAL CARE, P.A.

Current Principal Place of Business:

2984 ALAFAYA TRAIL SUITE 2030
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2984 ALAFAYA TRAIL SUITE 2030
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-5821847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOAN, AUSTIN T DMD
1037 CRYSTAL BAY LANE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

HOAN, AUSTIN T DMD
11525 SWIFT WATER CIRCLE
ORLANDO, FL 32817 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: AUSTIN HOAN

03/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: HOAN, AUSTIN
Address: 11525 SWIFT WATER CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: VP
Name: HOAN, DENISSE A DMD
Address: 11525 SWIFT WATER CIRCLE
City-St-Zip: ORLANDO, FL 32817

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: AUSTIN HOAN

PSDT

03/17/2011

Electronic Signature of Signing Officer or Director

Date