

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025400

FILED
Mar 20, 2012
Secretary of State

Entity Name: DENTAL ASSOCIATES OF SOUTH LAKE LAND, P.A.

Current Principal Place of Business:

3845 S FLORIDA AVE
LAKE LAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

3500 S FLORIDA AVE
SUITE #2
LAKE LAND, FL 33803

New Mailing Address:

FEI Number: 20-8582436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, WILLIAM A III,DMD
3845 S FLORIDA AVE
LAKE LAND, FL 33813 US

Name and Address of New Registered Agent:

PORTO, CURRAN K
410 SOUTH WARE BOULEVARD
SUITE 404
TAMPA, FL 33619 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: CURRAN K PORTO

03/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MUELLER, WILLIAM A III,DMD
Address: 3845 S FLORIDA AVE
City-St-Zip: LAKE LAND, FL 33813

Title: DP
Name: WALDING, STEPHEN J III,DMD
Address: 3845 S FLORIDA AVE
City-St-Zip: LAKE LAND, FL 33813

Title: P
Name: CARTER, JOHN I DMD
Address: 3845 S FLORIDA AVE
City-St-Zip: LAKE LAND, FL 33813

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: WILLIAM A MUELLER

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date