

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060410

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** FAMILY AND COSMETIC DENTISTRY OF HOLIDAY, PA

**Current Principal Place of Business:**

4916 MILE STRETCH DRIVE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

2404 US HIGHWAY 19  
HOLIDAY, FL 34691

**Current Mailing Address:**

4916 MILE STRETCH DRIVE  
HOLIDAY, FL 34690

**New Mailing Address:**

2404 US HIGHWAY 19  
HOLIDAY, FL 34691

**FEI Number:** 26-0201951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN, AFSANEH K  
4916 MILE STRETCH DRIVE  
HOLIDAY, FL 34690 US

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

DEAN, AFSANEH K  
2404 US HIGHWAY 19  
HOLIDAY, FL 34691 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:** DAVID B DEAN

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEAN, AFSANEH K  
**Address:** 3809 ZACHARY ST  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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:** DAVID B DEAN

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date