

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000065488

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL GROUP, P.A.

**Current Principal Place of Business:**

10125 W.COLONIAL DRIVE,  
SUITE 101  
OCOOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10125 W.COLONIAL DRIVE,  
SUITE 101  
OCOOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 51-0638619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, YAGNABALA  
109 SW ATLANTIC AVE  
LANTANA, FL 33462 US

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

PATEL, YAGNABALA  
109 SW ATLANTIC DRIVE  
LANTANA, FL 33462 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/13/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PATEL, YAGNABALA DDS  
Address: 109 SW ATLANTIC DRIVE  
City-St-Zip: LANTANA, FL 33462

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: YAGNABALA PATEL

D

04/13/2011

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

\_\_\_\_\_  
Date