

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089340

FILED
Feb 28, 2011
Secretary of State

Entity Name: ALACHUA FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 87-0811809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSLINGA, CODY S
14278 NW 31ST AVE
GAINESVILLE, FL 32606 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: S/D
Name: GOSLINGA, SHANE N
Address: 14552 NW 22 PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: P/D
Name: GOSLINGA, CODY S
Address: 14278 NW31ST AVE
City-St-Zip: GAINESVILLE, FL 32606

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: SHANE GOSLINGA

S/D

02/28/2011

Electronic Signature of Signing Officer or Director

Date