

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000093744

Entity Name: HALCYON DENTAL, P.A.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13051 SUMMERFIELD SQUARE DRIVE  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

13051 SUMMERFIELD SQUARE DRIVE  
RIVERVIEW, FL 33578

**New Mailing Address:**

FEI Number: 26-0768473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: DPS  
Name: CAVIEDES, ERIKA DR.  
Address: 16523 BRIDGEWALK DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: VPT  
Name: GULLE, JOSEPH DR.  
Address: 16523 BRIDGEWALK DRIVE  
City-St-Zip: LITHIA, FL 33547

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: ERIKA Y. CAVIEDES, DDS

DPS

02/17/2011

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

\_\_\_\_\_  
Date