

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050448

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL CARE OF TALLAHASSEE, PA

**Current Principal Place of Business:**

2807-A CAPITAL MEDICAL BLVD.  
TALLAHASSEE,, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2807-A CAPITAL MEDICAL BLVD.  
TALLAHASSEE,, FL 32308

**New Mailing Address:**

FEI Number: 26-2651190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTALVO, RALPH D  
2807 - A CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 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: P  
Name: MONTALVO, RALPH D  
Address: 2807-A CAPITAL MEDICAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

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: RALPH MONTALVO

PRES

04/28/2011

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

\_\_\_\_\_ Date