

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2012
Secretary of State

Entity Name: ST JOHNS DENTAL CARE, P.A.

Current Principal Place of Business:

2225 A1A SOUTH, SUITE A3
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

2225 A1A SOUTH, SUITE A3
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 26-2857544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. S., #500
JACKSONVILLE, FL 32256 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: DP
Name: HUCKE, MICHELLE D
Address: 2225 A1A SOUTH, SUITE A3
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT
Name: MANTEI, KELLY L
Address: 2225 A1A SOUTH, SUITE A3
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: CORAL, ANTHONY
Address: 2225 A1A SOUTH, SUITE A3
City-St-Zip: ST. AUGUSTINE, FL 32080

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: MICHELLE HUCKE

DP

02/08/2012

Electronic Signature of Signing Officer or Director

Date