

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000082945

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** FAMILY DENTAL CARE CLINIC, P.A.

**Current Principal Place of Business:**

1511 LAKEVIEW RD.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1511 LAKEVIEW RD.  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 36-4641438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRECAJ, ALEKSANDER DDS  
1944 SPANISH OAKS DR. S.  
PALM HARBOR, FL 34683 US

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

PRECAJ, ALEKSANDER DDS  
1511 LAKEVIEW RD  
CLEARWATER, FL 33756 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: ALEKSANDER PRECAJ

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRECAJ, ALEKSANDER DDS  
Address: 1511 LAKEVIEW RD.  
City-St-Zip: CLEARWATER, FL 33756

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: ALEKSANDER PRECAJ

PRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date