2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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Entity Name: SIGNATURE DENTAL CARE, PA

Current Principal Place of Business:

7062 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

7062 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 26-3685828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIANE COHEN, PA
111 W MAIN ST
INVERNESS, FL 34450 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: PST
Name: SCHNELL, LISA A DDS
Address: 7062 W GULF TO LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429 US

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: LISA SCHNELL OWNE 01/10/2011
Electronic Signature of Signing Officer or Director Date