

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110150

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** THE PROMENADE DENTAL CENTER, PA

**Current Principal Place of Business:**

26800 SOUTH TAMIAMI TRAIL, SUITE 350  
BONITA BAY MEDICAL CENTER  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

26800 SOUTH TAMIAMI TRAIL, SUITE 350  
BONITA BAY MEDICAL CENTER  
BONITA SPRINGS, FL 34134 UN

**Current Mailing Address:**

26800 SOUTH TAMIAMI TRAIL, SUITE 350  
BONITA BAY MEDICAL CENTER  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 26-4176116      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCKINLEY, MICHAEL R ESQ.  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948 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: DR  
Name: TERRERO, IVAN DR.  
Address: 12715 AVIANO DRIVE  
City-St-Zip: NAPLES, FL 34105

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: IVAN TERRERO

DR

05/01/2012

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

\_\_\_\_\_  
Date