2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2011
Secretary of State

DOCUMENT# P09000003895

Entity Name: WISDOMTOOTH DENTAL ARTS, INC.

Current Principal Place of Business:

9576 SOUTHERN GARDEN CR
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

9576 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

9576 SOUTHERN GARDEN CR
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

9576 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 80-0328557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SZNICER, CAROL S
9576 SOUTHERN GARDEN CIR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SZNICER, CAROL S
9576 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 32714 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: CAROL S. SZNICER 01/23/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SZNICER, L. EDWARD
Address: 9576 SOUTHERN GARDEN CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC
Name: SZNICER, CAROL S
Address: 9576 SOUTHERN GARDEN CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TREA
Name: SZNICER, CAROL S
Address: 9576 SOUTHERN GARDEN CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: L. EDWARD SZNICER PRES 01/23/2011
Electronic Signature of Signing Officer or Director Date