

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2010
Secretary of State

Entity Name: DENTAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1702 WALDEN VILLAGE COURT
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1702 WALDEN VILLAGE COURT
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 26-4204223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, III, WILLIAM ANDREW D.M.D.
1702 WALDEN VILLAGE COURT
PLANT CITY, FL 33566 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: MUELLER III, WILLIAM A DMD
Address: 1702 WALDEN VILLAGE COURT
City-St-Zip: PLANT CITY, FL 33566

Title: DR
Name: CARTER, JOHN I DMD
Address: 1702 WALDEN VILLAGE COURT
City-St-Zip: PLANT CITY, FL 33566

Title: DR
Name: WALDING, STEPHEN J DMD
Address: 1702 WALDEN VILLAGE COURT
City-St-Zip: PLANT CITY, FL 33566

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: WILLIAM A. MUELLER III

DR

01/08/2010

Electronic Signature of Signing Officer or Director

Date