

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000012221

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** SUMTER DENTAL CENTER, P.A.

**Current Principal Place of Business:**

410 D EAST BELT AVENUE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 295  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 26-4220810      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NOVAK, JOSEPH B DR  
410 D EAST BELT AVENUE  
BUSHNELL, FL 33513    US

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

NOVAK, JOSEPH B DR  
77 CR 542 W  
BUSHNELL, FL 33513    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: JOSEPH B NOVAK

04/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NOVAK, JOSEPH B DR  
Address: 77 CR 542 W  
City-St-Zip: BUSHNELL, FL 33513

Title: VP  
Name: NOVAK, JOSEPH B DR.  
Address: 77 CR 542 W  
City-St-Zip: BUSHNELL, FL 33513

Title: S  
Name: NOVAK, JOSEPH B DR.  
Address: 77 CR 542 W  
City-St-Zip: BUSHNELL, FL 33513

Title: T  
Name: NOVAK, JOSEPH B DR.  
Address: 77 CR 542 W  
City-St-Zip: BUSHNELL, FL 33513

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: JOSEPH B NOVAK

PVST

04/18/2010

Electronic Signature of Signing Officer or Director

Date