

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000012221

FILED
Apr 23, 2011
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
77 CR 542 W
BUSHNELL, FL 33513 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: 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

04/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date