

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000012381

Entity Name: BAY DENTAL CENTER, PA

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

544 MAGNOLIA AVE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

544 MAGNOLIA AVE  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

FEI Number: 94-3466480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COLLIAS, JOHN C DDS  
1381 FOREST SHORE DRIVE  
MIRAMAR BEACH, FL 32550 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: COLLIAS, JOHN C DDS  
Address: 1381 FOREST SHORE DRIVE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VP  
Name: COLLIAS, HELEN C  
Address: 1381 FOREST SHORE DRIVE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: JOHN C COLLIAS

P

03/16/2011

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

\_\_\_\_\_  
Date