

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000018279

FILED  
Jan 12, 2012  
Secretary of State

Entity Name: LIL DENTAL, P.A.

**Current Principal Place of Business:**

12950 LILLIAN HIGHWAY  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

12950 LILLIAN HIGHWAY  
PENSACOLA, FL 32506 US

**New Mailing Address:**

FEI Number: 30-0538526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPUS, CHRISTOPHER M  
12950 LILLIAN HIGHWAY  
PENSACOLA, FL 32506 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: PST  
Name: CAMPUS, CHRISTOPHER M  
Address: 12950 LILLIAN HIGHWAY  
City-St-Zip: PENSACOLA, FL 32506 US

Title: VP  
Name: CAMPUS, SHELLEY  
Address: 12950 LILLIAN HIGHWAY  
City-St-Zip: PENSACOLA, FL 32506 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: OFFICER

D

01/12/2012

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

\_\_\_\_\_ Date