

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000044480

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** NEW ZEPHYRHILLS DENTAL, P.A.

**Current Principal Place of Business:**

37039 S.R. 54 W  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618

**New Mailing Address:**

20010 LOMOND LANE  
TAMPA, FL 33647

**FEI Number:** 45-2625073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANDERS, WALTER S  
16528 N DALE MABRY HWY  
TAMPA, FL 335423361 US

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

DELLE-DONNE, VINCENT A  
20010 LOMOND LANE  
TAMPA, FL 33647 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: VINCENT DELLE-DONNE

05/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DELLE-DONNE, VINCENT  
Address: 20010 LOMOND LANE  
City-St-Zip: TAMPA, FL 33647

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: VINCENT DELLE-DONNE

PSTD

05/03/2012

Electronic Signature of Signing Officer or Director

Date