

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 04, 2012  
Secretary of State**

DOCUMENT# P09000060672

**Entity Name:** GENERAL & IMPLANT DENTISTRY OF SAN ANTONIO, P.A.

**Current Principal Place of Business:**

32347 STATE ROAD 52  
SUITE B  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

**Current Mailing Address:**

15277 AMBERLY DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 27-0552481      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALAN S GASSMAN  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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:** PRES  
**Name:** LOUIS P CERILLO  
**Address:** 15277 AMBERLY DRIVE  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** V.P.  
**Name:** CERILLO, PAMELA  
**Address:** 15277 AMBERLY DRIVE  
**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: LOUIS P CERILLO

PRES

09/04/2012

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

\_\_\_\_\_  
Date