

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000074019

Entity Name: PRESTIGE DENTAL RX INC.

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1457 VICTORIA ISLE DR.  
WESTON, FL 33327

## **New Principal Place of Business:**

4581 WESTON ROAD  
SUITE 191  
WESTON, FL 33331

## **Current Mailing Address:**

1457 VICTORIA ISLE DR.  
WESTON, FL 33327

## **New Mailing Address:**

4581 WESTON ROAD  
SUITE 191  
WESTON, FL 33331

FEI Number: 27-0861493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MANSELL, LAWRENCE E JR.  
1457 VICTORIA ISLE DR.  
WESTON, FL 33327 US

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

MANSELL, SHERRI L  
4581 WESTON ROAD  
SUITE 191  
WESTON, FL 33331 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: SHERRI MANSELL

03/19/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MANSELL, LAWRENCE E JR.  
Address: 4581 WESTON ROAD SUITE 191  
City-St-Zip: WESTON, FL 33331

Title: VP  
Name: MANSELL, LAWRENCE E III  
Address: 4581 WESTON ROAD SUITE 191  
City-St-Zip: WESTON, FL 33331

Title: STD  
Name: MANSELL, SHERRI L  
Address: 4581 WESTON ROAD SUITE 191  
City-St-Zip: WESTON, FL 33331

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: SHERRI MANSELL

STD

03/19/2012

Electronic Signature of Signing Officer or Director

Date