2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102833

Entity Name: THE SHALIMAR DENTAL SUPPORT GROUP, INC.

FILED Apr 22, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|-------------------------------|----------------------------------|---|--|
| 1115 EGLIN PARKWAY SHALIMAR, FL 32579 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1115 EGLIN PARKWAY SHALIMAR, FL 32579 | | | | |
| FEI Number: 27-1550458 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of C | urrent Registered Agent: | Name and Address of | lame and Address of New Registered Agent: | |
| HANLE, WENDY 1115 EGLIN PARKWAY SHALIMAR, FL 32579 | 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: | | | | |
| Electroni | c Signature of Registered Age | nt | Date | |

OFFICERS AND DIRECTORS:

Title:

Name: HANLE, WENDY
Address: 1115 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP

Name: HANLE, WENDY
Address: 1115 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579 US

Title: S

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Title: 7

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Title: [

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Address: 1115 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579 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: WENDY HANLE P 04/22/2012