2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2012
Secretary of State

DOCUMENT# P09000103296

Entity Name: SCHWERER DENTAL CARE, INC.

Current Principal Place of Business:

4634 SOUTH 25TH STREET
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

PO BOX 14980
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWERER, JOHN A
4634 SOUTH 25TH STREET
FORT PIERCE, FL 34981 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: P
Name: SCHWERER, JOHN A
Address: 4634 S. 25TH STREET
City-St-Zip: FORT PIERECE, FL 34981

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: JOHN SCHWERER PST 04/15/2012

Electronic Signature of Signing Officer or Director — Date