

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000002079

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** DENTISTRY INTERNATIONAL FL, INC.

**Current Principal Place of Business:**

1033 41ST AVENUE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

2151 5TH AVENUE N.  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

1033 41ST AVENUE NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

2151 5TH AVENUE N.  
ST. PETERSBURG, FL 33713

**FEI Number:** 27-1646312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WUNDERMANN, KARL R  
1033 41ST AVENUE NE  
ST. PETERSBURG, FL 33703 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: D  
Name: WUNDERMANN, KARL R  
Address: 2151 5TH AVENUE N.  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: VP  
Name: WUNDERMANN, LISETTE Q  
Address: 2151 5TH AVENUE N.  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: T  
Name: WUNDERMANN, KARL R  
Address: 2151 5TH AVENUE N.  
City-St-Zip: ST. PETERSBURG, FL 33713 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: KARL R. WUNDERMANN

MR

02/27/2011

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

\_\_\_\_\_  
Date