2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

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Entity Name: BEACHES ORTHODONTICS, P.A.

Current Principal Place of Business:

330 A1A NORTH
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

330 A1A NORTH
STE 326
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

330 A1A NORTH
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

330 A1A NORTH
STE 326
PONTE VEDRA BEACH, FL 32082

FEI Number: 27-1677169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET, SUITE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

O'SHAUGHNESSY, KEVIN W
330 A1A NORTH
STE 326
PONTE VEDRA BEACH, FL 32082 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: KEVIN O'SHAUGHNESSY 03/22/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SCHELLHASE, DANIEL J
Address: 330 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: O'SHAUGHNESSY, KEVIN W
Address: 330 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: KEVIN O'SHAUGHNESSY D 03/22/2011
Electronic Signature of Signing Officer or Director Date