

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007074

FILED
Jan 14, 2011
Secretary of State

Entity Name: DENTAL SPECIALISTS OF CENTRAL FLORIDA PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

455 MAGNOLIA AVENUE
SUITE A
MERRITT ISLAND, FL 32952

New Principal Place of Business:

455 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952

Current Mailing Address:

455 MAGNOLIA AVENUE
SUITE A
MERRITT ISLAND, FL 32952

New Mailing Address:

455 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952

FEI Number: 27-1608136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OUELLETTE, JONATHAN P
455 MAGNOLIA AVENUE
SUITE A
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

OUELLETTE, JONATHAN P
455 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952 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:

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: OUELLETTE, JONATHAN P
Address: 455 MAGNOLIA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VSD
Name: OUELLETTE, JASON P
Address: 455 MAGNOLIA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D
Name: OUELLETTE, LAUREN D
Address: 455 MAGNOLIA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

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: JONATHAN PAUL OUELLETTE

PTD

01/14/2011

Electronic Signature of Signing Officer or Director

Date