

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000026733

FILED
Apr 30, 2011
Secretary of State

Entity Name: ORLANDO DENTAL & IMPLANT STUDIO, PA

Current Principal Place of Business:

7444 NARCOOSSEE RD
UNITS 414 & 422
ORLANDO, FL 32822 US

New Principal Place of Business:

8257 NARCOOSSEE PARK DR.
SUITE 524
ORLANDO, FL 32822 US

Current Mailing Address:

9954 AUTUMN CREEK LANE
ORLANDO, FL 32832 US

New Mailing Address:

8257 NARCOOSSEE PARK DR.
SUITE 524
ORLANDO, FL 32822 US

FEI Number: 27-3043328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUPRILL, CHARLES R DMD
9954 AUTUMN CREEK LANE
ORLANDO, FL 32832 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: CUPRILL, CHARLES R DMD
Address: 9954 AUTUMN CREEK LANE
City-St-Zip: ORLANDO, FL 32832 US

Title: VP
Name: VALDES-CUPRILL, ANJA M
Address: 9954 AUTUMN CREEK LANE
City-St-Zip: ORLANDO, FL 32832 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: CHARLES CUPRILL

DR

04/30/2011

Electronic Signature of Signing Officer or Director

Date