2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P10000054479

Entity Name: A FAMILY DENTIST P.A.

Current Principal Place of Business:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34655

New Mailing Address:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

FEI Number: 27-2955555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, BENJAMIN
12602 WHITE BLUFF RD.
HUDSON, FL 34669 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: PRES
Name: MENDOZA, DR. CRISTEN M
Address: 5153 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34669

Title: VP
Name: MENDOZA, BENJAMIN
Address: 5153 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34669

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: BENJAMIN MENDOZA V.P. 04/25/2011

Electronic Signature of Signing Officer or Director — Date