2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2012
Secretary of State

DOCUMENT# P10000054479

Entity Name: A FAMILY DENTIST P.A.

Current Principal Place of Business:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5153 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

New Mailing Address:

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, CRISTEN M DR.
Address: 5153 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP
Name: MENDOZA, BENJAMIN
Address: 5153 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34652

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: DR. CRISTEN M. MENDOZA PRES 03/12/2012

Electronic Signature of Signing Officer or Director — Date