

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063525

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** EXCEPTIONAL DENTISTRY OF THE VILLAGES, P.A.

**Current Principal Place of Business:**

1116 BICHARA BLVD  
THE VILLAGES, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 340  
OCOEE, FL 34761

**New Mailing Address:**

P.O. BOX 58  
GOTHA, FL 34734

**FEI Number:** 27-3182646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENROD, ROBERT L  
5160 SE 47TH COURT ROAD  
OCALA, FL 34480 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: PVST  
Name: PENROD, ROBERT L  
Address: 5160 SE 47TH COURT ROAD  
City-St-Zip: OCALA, FL 34480 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: ROBERT L. PENROD

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04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date