

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000078814

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** SURFSIDE DENTAL CENTER, PA.

**Current Principal Place of Business:**

630 ATLANTIC BLVD  
SUITE 7  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY NORTH  
SUITE 310  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 27-3615708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NARDUCCI, NICHOLAS A  
9995 GATE PARKWAY NORTH  
SUITE 310  
JACKSONVILLE, FL 32246 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: DO  
Name: NARDUCCI, NICHOLAS A  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246 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: NICHOLAS A. NARDUCCI

DO

01/06/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date