

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000099771

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** AFFORDABLE DENTURES - PORT ST. LUCIE II, P.A.

**Current Principal Place of Business:**

9140 S FEDERAL HWY  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1042  
KINSTON, NC 28503

**New Mailing Address:**

**FEI Number:** 27-4117423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** PD  
**Name:** RAMOTAR, ROBERT N  
**Address:** 9140 S FEDERAL HWY  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** S  
**Name:** STEELMAN, PAUL  
**Address:** P O BOX 1042  
**City-St-Zip:** KINSTON, NC 28503

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: PAUL STEELMAN

S

04/05/2012

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

\_\_\_\_\_ Date