

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050137

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** DENTSMITH OF CENTRAL FL, INC.

**Current Principal Place of Business:**

1510 FOX GLEN DR  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1510 FOX GLEN DR  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 45-2408762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX CARE, INC  
417 CENTER POINTE CIR  
1737  
ALTAMONTE SPRINGS, FL 32701 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:** P  
**Name:** PHIPPS, JED R  
**Address:** 1510 FOX GLEN DR  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** VP  
**Name:** PHIPPS, SUSAN C  
**Address:** 1510 FOX GLEN DR  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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:** JED R. PHIPPS

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04/13/2012

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

\_\_\_\_\_  
Date