

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060953

FILED
Mar 01, 2012
Secretary of State

Entity Name: IMPLANT DENTISTRY, PERIODONTICS & FACIAL REJUVENATION, INC.

Current Principal Place of Business:

2346 CREEL LANE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

2346 CREEL LANE
101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2346 CREEL LANE
WESLEY CHAPEL, FL 33544

New Mailing Address:

2346 CREEL LANE
101
WESLEY CHAPEL, FL 33544

FEI Number: 90-0740784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 E MLK BLVD, SUITE 108
TAMPA, FL 33603 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: WILLIAMS, T MERRELL
Address: PO BOX 290434
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: VP
Name: WILLIAMS, JOYETTA H
Address: 11711 GAIL DR
City-St-Zip: TEMPLE TERRACE, FL 33617

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: T MERRELL WILLIAMS

PD

03/01/2012

Electronic Signature of Signing Officer or Director

Date