

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000061271

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** IMPLANT DENTURE & HEALTH CENTER INC.

**Current Principal Place of Business:**

512 W OAKLAND PARK  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

512 W OAKLAND PARK  
OAKLAND PARK, FL 33311

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMEIER ACCOUNTING & TAX SERVICES, INC  
1925 S. PERIMETER ROAD  
SUITE 125  
FORT LAUDERDALE, FL 33309 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: HOLTZ, ROBERT D.M.D  
Address: 512 W. OAKLAND BLVD  
City-St-Zip: WILTON MANORS, FL 33311

Title: VP  
Name: IOLE, JOSEPH  
Address: 512 W OAKLAND PARK  
City-St-Zip: OAKLAND PARK, FL 33311

Title: S  
Name: IOLE, EDWARD  
Address: 512 W OAKLAND PARK  
City-St-Zip: OAKLAND PARK, FL 33311

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: JOSEPH IOLE

VP

05/01/2012

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

\_\_\_\_\_  
Date