

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000086972

FILED
Mar 22, 2012
Secretary of State

Entity Name: WAYSIDE FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

204 SOUTHERN MAGNOLIA LN
SANFORD, FL 32771

New Principal Place of Business:

4907 INTERNATIONAL PARKWAY
1041
SANFORD, FL 32771

Current Mailing Address:

204 SOUTHERN MAGNOLIA LN
SANFORD, FL 32771

New Mailing Address:

FEI Number: 45-3739846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ONYSKI, LYUDMILA
204 SOUTHERN MAGNOLIA LN
SANFORD, FL 32771 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: D
Name: ONYSKI, LYUDMILA
Address: 204 SOUTHERN MAGNOLIA LN
City-St-Zip: SANFORD, FL 32771

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: DR. LYUDMILA A. ONYSKI DDS

D

03/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date