

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105271

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** PREMIER DENTISTRY, INC.

**Current Principal Place of Business:**

1501 PRESIDENTIAL WAY  
SUITE 15  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 UNIVERSITY BLVD.  
SUITE 110  
JUPITER, FL 33458

**New Mailing Address:**

1501 PRESIDENTIAL WAY  
SUITE 15  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 80-0770874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELZ, STEVEN M ESQ.  
500 UNIVERSITY BLVD.  
SUITE 110  
JUPITER, FL 33458 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: DR.  
Name: CASEL, DANIEL M  
Address: 1501 PRESIDENTIAL WAY, SUITE 15  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DANIEL M CASEL

PRES

02/26/2012

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

\_\_\_\_\_  
Date