

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023047

Entity Name: MID-COUNTY DENTAL CENTER, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409

Current Mailing Address:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409

New Principal Place of Business:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409 US

New Mailing Address:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0406767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUZAUSKAS, ROBERT DDS
9845 BAYWINDS DRIVE
APT 6105
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

GUZAUSKAS, ROBERT PRESIDE
9845 BAYWINDS DRIVE
APT 6105
WEST PALM BEACH, FL 33411 US

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: ROBERT GUZAUSKAS

06/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUZAUSKAS, ROBERT DDS
Address: 9845 BAYWINDS DRIVE, APT 6105
City-St-Zip: WEST PALM BCH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GUZAUSKAS, ROBERT PRESIDE
Address: 9845 BAYWINDS DRIVE, APT 6105
City-St-Zip: WEST PALM BCH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT GUZAUSKAS

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date