

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000035077

Entity Name: D & P DENTAL STUDIO INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7635 HORSE POND DROAD  
ODESSA, FL 335563219

**New Principal Place of Business:**

**Current Mailing Address:**

7635 HORSE POND DROAD  
ODESSA, FL 335563219

**New Mailing Address:**

FEI Number: 59-3183541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARKER, DONALD E  
C/O CARL T WATKINS PA  
5103 MEMORIAL HWY  
TAMPA, FL 33635 US

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

WATKINS, CARL T  
5103 MEMORIAL HWY  
TAMPA, FL 33635 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: CARL T. WATKINS, CPA

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARKER, DONALD E  
Address: 7635 HORSE POND ROAD  
City-St-Zip: ODESSA, FL 335563219

Title: D  
Name: PARKER, PHYLLIS A WATKINS  
Address: 7635 HORSE POND ROAD  
City-St-Zip: ODESSA, FL 335563219

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: CARL T. WATKINS

CPA

04/11/2012

Electronic Signature of Signing Officer or Director

Date