

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085884

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** SMILECARE DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

9000 GOLFSIDE DR.  
SUITE B  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9000 GOLFSIDE DR.  
SUITE B  
JACKSONVILLE, FL 32256

**New Mailing Address:**

300 EAST LONG LAKE RD  
SUITE 311  
BLOOMFIELD HILLS, MI 48304 US

**FEI Number:** 59-3215587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODWARD, WYMAN R D.D.S.  
9000 GOLFSIDE DRIVE  
JACKSONVILLE, FL 32256 US

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

CT CORPORATION  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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:** GREGORY C NODLAND

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BRODY, ROBERT DR  
**Address:** 300 EAST LONG LAKE RD, SUITE 311  
**City-St-Zip:** BLOOMFIELD HILLS, MI 48304 US

**Title:** SEC  
**Name:** NODLAND, GREGORY C  
**Address:** 300 EAST LONG LAKE RD, SUITE 311  
**City-St-Zip:** BLOOMFIELD HILLS, MI 48304 US

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:** GREGORY C NODLAND

CFO

03/14/2011

Electronic Signature of Signing Officer or Director

Date