# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2010**
**Secretary of State**

DOCUMENT# P94000028683

**Entity Name:** KMR DENTAL, INC.

**Current Principal Place of Business:**

980 MOON LAKE DR
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

975 IMPERIAL GOLF C. BLVD
SUITE 119 - 60
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number: 65-0483049** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALLEN, MARK W
217 GREEN MEADOW DR
WINTER HAVEN, FL 33884 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D
Name: RACKY, KLAUS A DR
Address: 980 MOON LAKE DR
City-St-Zip: NAPLES, FL 33942

Title: VP
Name: RACKY, MARTINA
Address: 980 MOON LAKE DR
City-St-Zip: NAPLES, FL

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. KLAUS A. RACKY PRES 04/26/2010

Electronic Signature of Signing Officer or Director Date