

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053808

FILED
Feb 08, 2012
Secretary of State

Entity Name: FLORENCE DENTURE CLINIC OF WINTER HAVEN, INC.

Current Principal Place of Business:

2050 HAVENDALE BLVD NW
STE #B
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

2050 HAVENDALE BLVD NW
STE #B
WINTER HAVEN, FL 338813817 US

Current Mailing Address:

P.O. BOX 830968
OCALA, FL 34483 US

New Mailing Address:

FEI Number: 59-3327693 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARRY, JOHN R
304 SOUTHWEST 15TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

PARRY, JOHN R
304 SW 15TH STREET
OCALA, FL 344716534 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: _____

Electronic Signature of Registered Agent

02/08/2012

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: PARRY, JOHN R
Address: 304 SW 15TH STREET
City-St-Zip: Ocala, FL 344716534

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: JOHN PARRY

PRES

02/08/2012

Electronic Signature of Signing Officer or Director

Date