

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000000303

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** FAMILY DENTISTRY DENTAL SPECIALIST'S GROUP, P.A.

**Current Principal Place of Business:**

4250 TOWN CENTER BLVD  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

9336 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 59-3350933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATTA, M  
9336 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 US

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

BATTA, MANMOHAN  
9336 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 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: MANMOHAN BATTA

01/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BATTA, MANMOHAN  
Address: 4250 TOWN CENTER BLVD  
City-St-Zip: ORLANDO, FL 32837

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: MANMOHAN BATTA

PSTD

01/09/2011

Electronic Signature of Signing Officer or Director

Date