

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010029

FILED
Apr 28, 2009
Secretary of State

Entity Name: VALLEY FORGE DENTAL OF FLORIDA, P.A.

Current Principal Place of Business:

1324 HIGHWAY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

1324 HIGHWAY A1A
SATELLITE BEACH, FL 32937 US

Current Mailing Address:

%BRIGHT NOW! DENTAL, INC.
201 E. SANDPOINTE, SUITE 800
SANTA ANA, CA 92707

New Mailing Address:

%BRIGHT NOW! DENTAL, INC.
201 E. SANDPOINTE, SUITE 800
SANTA ANA, CA 92707 US

FEI Number: 59-3356849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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 () Delete
Name: KANE, DONALD
Address: 1324 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: TUMBARELLO, STEVE
Address: 201 E. SANDPOINTE, SUITE 800
City-St-Zip: SANTA ANA, CA 92707

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KANE, DONALD L
Address: 1324 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: S (X) Change () Addition
Name: TUMBARELLO, STEVEN
Address: 201 E SANDPOINTE, SUITE 800
City-St-Zip: SANTA ANA, CA 92707 US

Title: T () Change (X) Addition
Name: TUMBARELLO, STEVEN
Address: 201 E. SANDPOINTE #800
City-St-Zip: SANTA ANA, CA 92707 US

Title: P () Change (X) Addition
Name: KANE, DONALD L
Address: 1324 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN TUMBARELLO

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04/28/2009

Electronic Signature of Signing Officer or Director

Date