

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094947

FILED
Feb 28, 2012
Secretary of State

Entity Name: DR. MARIE J. BASCO FAMILY DENTAL CARE, INC.

Current Principal Place of Business:

2771-21 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2771-21 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3414164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASCO, MARIE J
11070 CASTLEMAIN CIRCLE E
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: P
Name: BASCO, MARIE J
Address: 11070 CASTLEMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: BASCO-SUAREZ, KERWIN
Address: 11070 CASTELMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: BASCO-SUAREZ, JAMES L
Address: 11070 CASTELMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SUAREZ-BRIDGES, MARI
Address: 11070 CASTELMAIN CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

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. MARIE J. BASCO

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02/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date