

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015084

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** WOODBINE FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

5463 WOODBINE ROAD  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

5463 WOODBINE ROAD  
PACE, FL 32571 US

**New Mailing Address:**

**FEI Number:** 59-3416849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINES, REID  
5463 WOODBINE ROAD  
PACE, FL 32571 US

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

HINES, REID B DP  
5463 WOODBINE ROAD  
PACE, FL 32571 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: REID B. HINES

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HINES, REID B  
Address: 5463 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571 US

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: REID B. HINES

DP

03/03/2011

Electronic Signature of Signing Officer or Director

Date