

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000043440

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL APPLIANCES, INC.

**Current Principal Place of Business:**

13101 MCGREGOR BLVD  
SUITE 2  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

13101 MCGREGOR BLVD  
SUITE 2  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 65-0760055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZOGHBI, CHEBL N.  
4201 SW 5TH PL  
CAPE CORAL, FL 33914 US

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

ZOGHBI, CHEBL N  
4201 SW 5TH PL  
CAPE CORAL, FL 33914 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: CHEBL N. ZOGHBI

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ZOGHBI, CHEBL N  
Address: 4201 SW 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

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: CHEBL N. ZOGHBI

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date