

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000068421

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN DENTURE CLINIC OF PALATKA, INC.

**Current Principal Place of Business:**

1721 ST JOHNS AVE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

1721 ST JOHNS AVE  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3444008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, RACHEL D  
208 N SIXTH ST  
PALATKA, FL 32177 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: D  
Name: HESBEENS, WALTER A  
Address: 5 ELLIS PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: BYATT, CLEMENS D.D.S.  
Address: 3041 MAC RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: WALTER HESBEENS

PRES

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date