

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000079057

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** ORLANDO DENTAL & MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2909 NORTH ORANGE AVE.  
SUITE 112  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2909 NORTH ORANGE AVE.  
SUITE 112  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-3467308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIES, JOHN W  
2643 LAKE SHORE DR  
ORLANDO, FL 32803 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:** PD  
**Name:** DAVIES, JOHN  
**Address:** 2643 LAKE SHORE DRIVE  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** ST  
**Name:** BROWN, PAUL H  
**Address:** 760 ARJAY WAY  
**City-St-Zip:** WINTER PARK, FL 32789

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:** JOHN W DAVIES

PRES

02/02/2010

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

\_\_\_\_\_  
Date