

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014410

Entity Name: MCLELLAN DENTAL, INC.

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1100-2 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1100-2 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3493889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALEXANDER, J S ESQ  
162 SAN MARCO AVENUE  
SUITE 4  
ST. AUGUSTINE, FL 32084 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: DR  
Name: MCLELLAN, MATT  
Address: 7 DEBRA LANE  
City-St-Zip: PALM COAST, FL 32137

Title: DR  
Name: MCLELLAN, BARBARA  
Address: 7 DEBRA LANE  
City-St-Zip: PALM COAST, FL 32137

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: MATT MCLELLAN

DR

02/21/2010

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

\_\_\_\_\_  
Date