

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000051273

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** BONITA ESTERO DENTAL GROUP, P.A.

**Current Principal Place of Business:**

24940 S. TAMiami TRAIL  
SUITE 202  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24940 S. TAMiami TRAIL  
SUITE 202  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3520733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

FEENEY, OWEN F.D.M.D.  
24940 S. TAMiami TRAIL  
STE 202  
BONITA SPRINGS, FL 34134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: DELGADO-FEENEY, CLAUDIE I.D.M.D.  
Address: 24940 S. TAMiami TRAIL SUITE 202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DR.  
Name: FEENEY, OWEN D.M.D.  
Address: 24940 S. TAMiami TRAIL SUITE 202  
City-St-Zip: BONITA SPRINGS, FL 34134

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: OWEN FEENEY

PRES

02/16/2012

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

\_\_\_\_\_  
Date