

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101002

Entity Name: HIGHLAND LAKES DENTAL, PA

FILED
Jun 15, 2011
Secretary of State

Current Principal Place of Business:

26540 ACE AVE
SUITE G
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

26540 ACE AVE
SUITE G
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3543176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LEON
3333 N HWY 27 /441
FRUITLAND PARK, FL 34731 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: PD
Name: SMITH, LEON F
Address: 3333 N HWY 27/441
City-St-Zip: FRUITLAND PARK, FL 34731

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: LEON SMITH

P

06/15/2011

Electronic Signature of Signing Officer or Director

Date