

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000101343

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** MIDTOWN DENTAL CENTER OF PENSACOLA, P.A.

**Current Principal Place of Business:**

1108-B AIRPORT BLVD.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1108-B AIRPORT BLVD.  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 52-2133878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILIPCZAK, DONNIE  
2355 BLUFFS CIRCLE  
PENSACOLA, FL 32503 US

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

FILIPCZAK, DONNIE  
2800 DUNSINANE ROAD  
PENSACOLA, FL 32503 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

01/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FILIPCZAK, DONNIE  
Address: 2800 DUNSINANE ROAD  
City-St-Zip: PENSACOLA, FL 32503

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: DONNIE FILIPCZAK

PRES

01/12/2012

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

\_\_\_\_\_  
Date