2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2011
Secretary of State

DOCUMENT# P99000108558

Entity Name: JONES DENTAL, INC.

Current Principal Place of Business:

6300 W. ATLANTIC BLVD
MARGATE, FL 330635131

New Principal Place of Business:

Current Mailing Address:

6300 W. ATLANTIC BLVD
MARGATE, FL 330635131

New Mailing Address:

FEI Number: 65-0980524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, IAN C
6300 W. ATLANTIC BLVD
MARGATE, FL 330635131 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: JONES, IAN C
Address: 6300 WEST ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063

Title: PD
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

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: IAN JONES PD 07/03/2011

Electronic Signature of Signing Officer or Director Date