2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P99000111236

Entity Name: MADISON DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

189 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

189 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-3620272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, CLINT A
189 SW CAPTAIN BROWN RD
MADISON, FL 32340 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: D
Name: ROGERS, CLINT A
Address: 189 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: V
Name: BALDWIN, ROBERT E
Address: 189 CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: S
Name: ROGERS, CATHERINE
Address: 189 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: V
Name: ALLEN, MATT
Address: 189 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

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: CLINT A ROGERS D 04/19/2012

Electronic Signature of Signing Officer or Director Date