

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22156

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** FRIENDSHIP CENTER DENTAL OFFICE, INC.

**Current Principal Place of Business:**

2701 SW 34TH ST.  
SUITE 200  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

2701 SW 34TH ST.  
SUITE 200  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:** 59-3061147      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUCY, BARBARA DMD  
2701 SW 34TH ST  
SUITE 200  
OCALA, FL 34474 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: DR  
Name: BUCY, BARBARA DMD  
Address: 2701 SW 34TH ST  
City-St-Zip: Ocala, FL 34474

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: BARBARA BUCY DMD

PRES

01/09/2011

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

\_\_\_\_\_ Date