

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096052

**Entity Name:** DENTAL TEMPS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

11 DRIFTWOOD AVENUE S.W.  
FT. WALTON BEACH, FL 32548

**Current Mailing Address:**

11 DRIFTWOOD AVENUE S.W.  
FT. WALTON BEACH, FL 32548

**FEI Number: 51-0485476**

**Certificate of Status Desired: No**

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

VANE, TERENCE GJR.  
233 EAST BAY STREET  
BLACKSTONE BLDG. SUITE 620  
JACKSONVILLE, FL 32202 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name FLEMING, VELINDA C  
Address 11 DRIFTWOOD AVENUE S.W.  
City-State-Zip: FT. WALTON BEACH FL 32548

*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: VELINDA C. FLEMING**

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date