

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060953

Entity Name: IMPLANT DENTISTRY, PERIODONTICS & FACIAL
REJUVENATION, INC.

FILED
Mar 21, 2013
Secretary of State
CC4315201435

Current Principal Place of Business:

2346 CREEL LANE
101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2346 CREEL LANE
101
WESLEY CHAPEL, FL 33544

FEI Number: 90-0740784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 E MLK BLVD, SUITE 108
TAMPA, FL 33603 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 PD
Name WILLIAMS, T MERRELL
Address PO BOX 290434
City-State-Zip: TEMPLE TERRACE FL 33687

Title VP
Name WILLIAMS, JOYETTA H
Address 11711 GAIL DR
City-State-Zip: TEMPLE TERRACE FL 33617

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: T MERRELL WILLIAMS

PD

03/21/2013

Electronic Signature of Signing Officer/Director Detail

Date