

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000072437

**Entity Name:** ADVANCED DENTAL CARE (FT. MYERS), P.A.

**Current Principal Place of Business:**

7011 CYPRESS TERRACE STE. 101  
FORT MYERS, FL 33907

**Current Mailing Address:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240

**FEI Number:** 65-0526356

**Certificate of Status Desired:** No

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

NICHOLS, DAIVD  
6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 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            CHILDERS, MICHAEL  
Address        6240 LAKE OSPREY DR.  
City-State-Zip: SARASOTA FL 34240

*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:** MICHAEL CHILDERS

D

04/23/2013

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

\_\_\_\_\_ Date