

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068759

Entity Name: LAKE DENTAL SERVICES, P.A.

Current Principal Place of Business:

820 STATE RD 434 N.
STE B
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240 US

FEI Number: 59-3337224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, DAVID
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: DAVID NICHOLS

04/23/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GOBER, MELVYN S
Address 13195 SW 134 STREET 2ND FLOOR
City-State-Zip: MIAMI FL 33186

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: MELVYN GOBER

D

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date