2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# 534748

Entity Name: COSMETIC & IMPLANT DENTISTRY OF NAPLES, P.A.

Current Principal Place of Business:

6100 TRAIL BLVD N.
SUITE #1
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

6100 TRAIL BLVD N.
SUITE #1
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1745406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMBLE, G M
6100 TRIAL BLVD N.
SUITE #1
NAPLES, FL 34108 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTC
Name: WOMBLE, G. MICHAEL DDS
Address: 6100 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

Title: VS
Name: WILLIAM, SULLIVAN N DDS
Address: 6100 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

Title: T
Name: WOMBLE, MARY ANNE
Address: 6100 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

Title: S
Name: SULLIVAN, JENNIFER L
Address: 6100 TRAIL BLVD NORTH STE #1
City-St-Zip: NAPLES, FL 34108

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: WILLIAM N SULLIVAN, DDS VS 04/20/2010

Electronic Signature of Signing Officer or Director Date