

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58766

FILED
Feb 19, 2009
Secretary of State

Entity Name: R. CRAIG CUSATO, D.M.D., P.A.

Current Principal Place of Business:

316 NW BETHANY DRIVE
PT ST LUCIE, FL 34986 US

New Principal Place of Business:

316 NW BETHANY DRIVE
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

316 NW BETHANY DRIVE
PT ST LUCIE, FL 34986 US

New Mailing Address:

316 NW BETHANY DRIVE
PORT ST LUCIE, FL 34986 US

FEI Number: 59-2923759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSATO, CRAIG R
316 NW BETHANY DRIVE
PT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

CUSATO, CRAIG R
316 NW BETHANY DRIVE
PORT ST LUCIE, FL 34986 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:

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CUSATO, R. CRAIG,
Address: 1341 NW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: CUSATO, R. CRAIG,
Address: 316 NW BETHANY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: R. CRAIG CUSATO, DMD

DR

02/19/2009

Electronic Signature of Signing Officer or Director

Date