2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68602

FILED
Jan 24, 2010
Secretary of State

Entity Name: CRAIG H. TOVER, DDS, P.A.

Current Principal Place of Business:

MED+PLEX
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

MED+PLEX
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0189193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOVER, CRAIG H
MED-PLEX BUILDING
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON, FL 33486 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: PD
Name: TOVER, CRAIG H
Address: 5458 TOWN CENTER RD.
City-St-Zip: BOCA RATON, FL

Title: ST
Name: TOVER, CRAIG H
Address: 5458 TOWN CENTER RD.
City-St-Zip: BOCA RATON, FL

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: CRAIG H TOVER DDS PD 01/24/2010
Electronic Signature of Signing Officer or Director Date