

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111348

Entity Name: MDT DENTAL ARTS, INC.

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

5150 MASON CORBIN COURT  
SUITE1  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5150 MASON CORBIN COURT  
SUITE1  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-1155292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KYLE, KEVIN A  
1520 ROYAL PALM SQUARE BLVD STE 320  
FT MYERS, FL 33919      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: P      ( ) Delete  
Name: SHEFFIELD DMD, MICHAEL D  
Address: 11301 LAKELAND CIRCLE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: T      ( ) Delete  
Name: MATRISCIANO, JEAN  
Address: 2620 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VPS      ( ) Delete  
Name: MATRISCIANO, DAVID K  
Address: 2620 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SHEFFIELD DMD, MICHAEL D  
Address: 1682 MCGREGOR RESERVE DRIVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: T      (X) Change ( ) Addition  
Name: MATRISCIANO, JEAN  
Address: 10897 STONINGTON AVE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: VPS      (X) Change ( ) Addition  
Name: MATRISCIANO, DAVID K  
Address: 10897 STONINGTON AVE  
City-St-Zip: FORT MYERS, FL 33913 US

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: JEAN MATRISCIANO

T

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date