2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068231

Entity Name: DENTAL ARTS OF ST. LUCIE WEST, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1420 ST. LUCIE WEST BLVD. PORT SAINT LUCIE, FL 34986			1420 ST. LUCIE WES	1420 ST. LUCIE WEST BLVD.	
			105 PORT SAINT LUCIE, FL 34986		
			,		
Current IV	lailing Addre	SS:	New Mailing Address	s:	
	LUCIE WEST INT LUCIE, FL				
FEI Number	: 11-3647247	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3112 SW I	NDREW T NEWBERRY (Y, FL 34990	COURT US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LAGER, ANDR	BERRY COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAGER, YOUN	BERRY COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ANDREW T.LAGER PD 04/19/2009