2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P03000056499

Entity Name: BOYD DDS P.A.

Current Principal Place of Business:

8327 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8327 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 56-2357742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, SILVIA
8327 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

BOYD, SILVIA DDS
8327 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33615 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: SILVIA R BOYD 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: BOYD, SILVIA
Address: 8327 WEST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: BOYD, SILVIA DDS
Address: 8327 WEST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33615

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: SILVIA R. BOYD OFFI 03/23/2009
Electronic Signature of Signing Officer or Director Date