

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103838

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** ACOSTA DENTAL ARTS, P.A.

**Current Principal Place of Business:**

5604 PGA BLVD.  
SUITE 209  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

5604 PGA BLVD.  
SUITE 209  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 51-0484681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**New Principal Place of Business:**

784 US HWY 1  
SUITE 10  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

784 US HWY 1  
SUITE 10  
NORTH PALM BEACH, FL 33408 US

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

ACOSTA, ADRIAN  
631 CASTLE DRIVE  
PALM BEACH GARDENS, FL 33410 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: PSTD ( ) Delete  
Name: ACOSTA, ADRIAN  
Address: 631 CASTLE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADRIAN ACOSTA

PSTD

04/07/2009

Electronic Signature of Signing Officer or Director

Date