

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034578

Entity Name: AOD DENTAL CLINIC, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

11865 SW 26TH STREET
SUITE G-10
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

7105 SW 8 STREET
SUITE 306
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 43-2043819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ANNA, ABEL O
2901 SOUTH BAYSHORE DR
APT 4F
MIAMI, FL 33133 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 () Delete
Name: DE ANNA, ABEL O
Address: 2901 SOUTH BAYSHORE DR APT 4F
City-St-Zip: MIAMI, FL 33133 US

Title: SD () Delete
Name: DE ANNA, ALICIA P
Address: 2901 SOUTH BAYSHORE DR APT 4F
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ABEL O DE ANNA

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date