2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042162

Entity Name: COLONIAL DENTAL GROUP, P.A.

825 CYPRESS LAKE CIRCLE

FORT MYERS, FL 33919

Address:

City-St-Zip:

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4447 CAMINO REAL WAY FT MYERS, FL 33966 **Current Mailing Address: New Mailing Address:** 4447 CAMINO REAL WAY FT MYERS, FL 33966 FEI Number: 20-4592436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAVENAGO, CARLOS J III, ESQ 14581 GLEN COVE DR UNIT 1101 FT MYERS, FL 33919 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete () Change () Addition CAMPBELL CATLIN, DEIRDRE Name: Name: 825 CYPRESS LAKE CIRCLE Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CATLIN, JAREN O DMD Name: 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: DEIRDRE CAMPBELL CATLIN PCEO 01/19/2009