2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000145224

Entity Name: OANA MIERLOI, D.D.S., P.A.

Current Principal Place of Business:

4204 ZACARY LANE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

1425 HAND AVENUE
SUITE J
ORMOND BEACH, FL 32174 US

Current Mailing Address:

4204 ZACARY LANE
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 20-5919853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIERLOI, OANA
4204 ZACARY LANE
PORT ORANGE, FL 32129 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: DR. ( ) Delete
Name: MIERLOI, OANA
Address: 4204 ZACARY LANE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MIERLOI, OANA DDS
Address: 4204 ZACARY LANE
City-St-Zip: PORT ORANGE, FL 32129

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: OANA MIERLOI DR. 04/30/2008

Electronic Signature of Signing Officer or Director Date