

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123368

FILED
Feb 10, 2009
Secretary of State

Entity Name: FAMILY-COSMETIC-IMPLANT DENTISTRY, INC.

Current Principal Place of Business:

500 N. SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1992 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825

New Mailing Address:

500 N. SEMORAN BLVD
ORLANDO, FL 32807

FEI Number: 26-1456663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHAN, CUONG T
1992 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825 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: D () Delete
Name: PHAN, CUONG T
Address: 1992 SOUTH CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PHAN, CUONG T
Address: 1992 SOUTH CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825

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: CUONG PHAN

PRES

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date