2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P08000030366

Entity Name: NORTH PORT ORAL SURGERY AND DENTAL IMPLANT CENTER, INC.

Current Principal Place of Business:

5900 PAN AMERICAN BOULEVARD
NORTH PORT, FL 34287 US

New Principal Place of Business:

5886 TYLER ROAD
VENICE, FL 34293 US

Current Mailing Address:

5900 PAN AMERICAN BOULEVARD
NORTH PORT, FL 34287 US

New Mailing Address:

5886 TYLER ROAD
VENICE, FL 34293 US

FEI Number: 26-2404246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNE, MARK C
5900 PAN AMERICAN BOULEVARD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

BURNE, MARK C
5886 TYLER ROAD
VENICE, FL 34293 US

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: MARK C. BURNE 02/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S, ( ) Delete
Name: BURNE, MARK C
Address: 5900 PAN AMERICAN BOULEVARD
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S, (X) Change ( ) Addition
Name: BURNE, MARK C
Address: 5886 TYLER ROAD
City-St-Zip: VENICE, FL 34293 US

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: MARKE C. BURNE P 02/06/2009
Electronic Signature of Signing Officer or Director Date