

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052892

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOUTHWEST FAMILY DENTISTRY, PA

Current Principal Place of Business:

5210 NW 93RD AVENUE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

389 SW CHAPEL HILL STREET
LAKE CITY, FL 32025 US

Current Mailing Address:

5210 NW 93RD AVENUE
GAINESVILLE, FL 32653 US

New Mailing Address:

389 SW CHAPEL HILL STREET
LAKE CITY, FL 32025 US

FEI Number: 26-2694080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATLLE, JOHN A
5210 NW 93RD AVENUE
GAINESVILLE, FL 32653 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: P () Delete
Name: BATLLE, JOHN A
Address: 5210 NW 93RD AVENUE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN BATLLE

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01/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date