


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90093 023 ***150.00

DOCUMENT # P95000090791 1. Entity Name CENTER FOR PREMIER DENTISTRY, INC.					
Principal Place of Business 3951 SWIFT ROAD 5100 STATION WAY SARASOTA, FL 34231 34233				Mailing Address 3951 SWIFT ROAD 5100 STATION WAY SARASOTA, FL 34231 34233	
2. Principal Place of Business - No P.O. Box # 5100 Station Way Suite, Apt. #, etc.				3. Mailing Address 5100 Station Way Suite, Apt. #, etc.	
City & State Sarasota, FL Zip 34233		City & State Sarasota, FL Zip 34233		4. FEI Number 65-0634333	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR. DUNLAP & MORAN, P.A. 1990 MAIN ST., STE. 700 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME DICKINSON, SCOTT C STREET ADDRESS 5150 BLISS ROAD CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME SWARTZ, JASON J STREET ADDRESS 827 GOLDEN POND COURT CITY-ST-ZIP SARASOTA, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/08 Daytime Phone # _____		