

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# P96000004589

Entity Name: FLORIDA DENTAL ARTS, INC.

**Current Principal Place of Business:**

1431 SOUTHEAST 10TH STREET  
UNIT A  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1431 SOUTHEAST 10TH STREET  
UNIT A  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 65-0632692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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

**OFFICERS AND DIRECTORS:**

Title:            TS            ( ) Delete  
Name:           CSIKI, CSILLA  
Address:        1431 SOUTHEAST 10TH STREET  
City-St-Zip:   CAPE CORAL, FL 33990

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:           CSIKI, CSILLA  
Address:        1431 SOUTHEAST 10TH STREET  
City-St-Zip:   CAPE CORAL, FL 33990

Title:            V            ( ) Change (X) Addition  
Name:           CSIKI, ERVIN  
Address:        1431 SOUTHEAST 10TH STREET  
City-St-Zip:   CAPE CORAL, FL 33990

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: CSILLA CSIKI

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date