

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145602

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: COLUMBIA DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

1135 W. COLUMBIA AVE.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1135 W. COLUMBIA AVE.  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 20-3702541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARINAS, FROILAN  
11228 BRIDGE HOUSE ROAD  
WINDEREMERE, FL 34786 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: PTS ( ) Delete  
Name: BARINAS, FROILAN  
Address: 11228 BRIDGE HOUSE ROAD  
City-St-Zip: WINDEREMERE, FL 34786

Title: VP ( ) Delete  
Name: BARINAS, NORMA  
Address: 11228 BRIDGE HOUSE ROAD  
City-St-Zip: WINDEREMERE, FL 34786

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FROILAN BARINAS

PTS

04/06/2009

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

\_\_\_\_\_  
Date