

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 476699

**FILED  
Jan 15, 2009  
Secretary of State**

**Entity Name:** TEQUESTA DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

175 TEQUESTA DRIVE  
SUITE C  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

175 TEQUESTA DRIVE  
SUITE C  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 59-1626810      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLE, JENNIFER E  
175 TEQUESTA DRIVE, STE C  
TEQUESTA, FL 33469 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:** PVTS ( ) Delete  
**Name:** COLE, JENNIFER E  
**Address:** 175 TEQUESTA DRIVE, STE C  
**City-St-Zip:** TEQUESTA, FL 33469

**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: JENNIFER E COLE

PVTS

01/15/2009

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

\_\_\_\_\_ Date