2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# 478965

Entity Name: BAROGIANNIS AND ASSOCIATES, D.M.D., P.A.

Current Principal Place of Business:

2440 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2440 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1614126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWARTHOUT, KATHRYN
240 S.E. 10 AVENUE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

SWARTHOUT, KATHRYN W
240 S.E. 10 AVENUE
POMPANO BEACH, FL 33060 US

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: KATHRYN W. SWARTHOUT 02/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TICICH, KATHLEEN M.,, D.M.D.
Address: 2440 E. COMMERICAL BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD (X) Delete
Name: BAROGIANNIS, CONSTANTINOS DMD
Address: 2440 E COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAROGIANNIS, CONSTANTINOS DMD
Address: 2440 E. COMMERICAL BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

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: CONSTANTINOS BAROGIANNIS, DMD PD 02/04/2008
Electronic Signature of Signing Officer or Director Date