2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 516927

Entity Name: MARTIN J. ALPERT, D.M.D., P.A.

Current Principal Place of Business:

100 LAKESHORE DR
SUITE 112
ALTAMONTE SPRGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

100 LAKESHORE DR
SUITE 112
ALTAMONTE SPRGS, FL 32714

New Mailing Address:

FEI Number: 59-1697188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALPERT, MARTIN
100 LAKESHORE DR
112
ALTAMONTE SPRGS, FL 32714 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:	PVD	( ) Delete
Name:	ALPERT, MARTIN,	
Address:	100 LAKESHORE DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	SD	( ) Delete
Name:	ALPERT, MARTIN J DR.	
Address:	100 LAKESHORE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS FL, FL 32714 US	
Title:	D	( ) Delete
Name:	GOLUB, LAWRENCE H.,	
Address:	430 N MILLS AVENUE	
City-St-Zip:	ORLANDO, FL	
Title:	T	( ) Delete
Name:	ALPERT, MARTIN,	
Address:	100 LAKESHORE	
City-St-Zip:	ALTAMONTE SPRINGS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARTIN J ALPERT P 03/29/2009

Electronic Signature of Signing Officer or Director — Date