2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556679

Entity Name: LAWTON ORTHODONTICS, P.A.

FILED Jan 14, 2009 Secretary of State

pal Place of Business:
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201 N LAKEMONT AVE

WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

201 N LAKEMONT AVE 400 WINTER PARK, FL 32792

FEI Number: 59-1783253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAWTON, THOMAS C 201 NORTH LAKEMONT AVE WINTER PARK, FL 32792 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LAWTON, THOMAS C. LAWTON, THOMAS C, Name: Name: 201 N LAKEMONT AVE 201 N LAKEMONT AVE #400 Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete Title: D (X) Change () Addition

Name: LAWTON, THOMAS C,
Address: 201 N LAKEMONT AVE
City-St-Zip: WINTER PARK, FL

LAWTON, THOMAS C,
Address: 201 N LAKEMONT AVE #400
City-St-Zip: WINTER PARK, FL 32792

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: THOMAS C LAWTON DMD PST 01/14/2009