

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591623

FILED
Feb 16, 2010
Secretary of State

Entity Name: JAMES T. PASCIA, D.D.S., P.A.

Current Principal Place of Business:

2143 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

2143 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-1865695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCIA, JAMES DDS PA
2143 49TH STREET NORTH
ST. PETERSBURG, FL 33710 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: PDS
Name: PASCIA, JAMES T.D.D.S.
Address: 2143 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: V
Name: PASCIA, DAVID T. D.M.D.
Address: 2143 49TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S
Name: PASCIA, MICHELE R.
Address: 2193 49TH ST NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby 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 all other like empowered.

SIGNATURE: JAMES T. PASCIA D.D.S.

PRES

02/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date