

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604457

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** WAYNE C. WILLS, D.D.S., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

785 CENTRAL AVE  
NAPLES, FL 339405731 US

**New Principal Place of Business:**

**Current Mailing Address:**

785 CENTRAL AVE  
NAPLES, FL 341025792 US

**New Mailing Address:**

FEI Number: 59-1466531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLS, WAYNE P DDS  
785 CENTRAL AVE  
NAPLES, FL 34102 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: P ( ) Delete  
Name: WILLS, WAYNE,  
Address: 785 CENTRAL AVE  
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete  
Name: WILLS, BERTHA A.,  
Address: 638 HARBOUR DR.  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WAYNE C. WILLS

PRES

01/26/2009

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

\_\_\_\_\_ Date