2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630400

Entity Name: DENTAL CENTER OF WEST FLORIDA, P.A.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6400 MANATEE AVE W. 6400 MANATEE AVE W. SUITE L SUITE L-125
BRADENTON, FL 34209 BRADENTON, FL 34209

Current Mailing Address: New Mailing Address:

6400 MANATEE AVE. W
L-125
BRADENTON, FL 34209

6400 MANATEE AVE W.
SUITE L-125
BRADENTON, FL 34209

BRADENTON, FL 34209

FEI Number: 59-1927147 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:

ELDRIDGE, FRANCIS, L

1608 78TH ST. CT. NW

BRADENTON, FL 34209 US

ELDRIDGE, FRANCIS L

1608 78TH ST. CT. NW

BRADENTON, FL 34209 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: FRANCIS L. ELDRIDGE 01/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: () Change () Addition Name: HOLMES, JOSEPH W Name:

 Name:
 HOLMES, JOSEPH W
 Name:

 Address:
 1620 85TH CT. NW.
 Address:

 City-St-Zip:
 BRADENTON, FL 34209
 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: JOSEPH W. HOLMES PTS 01/23/2009