

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F36694

FILED
May 02, 2008
Secretary of State**Entity Name:** NILES H. KINNUNEN, JR., D.D.S., P.A.**Current Principal Place of Business:**5801 MAIN ST
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1087
NEW PORT RICHEY, FL 34652 US**New Mailing Address:****FEI Number:** 59-2098331 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KINNUNEN, NILES H, JR
5801 MAIN ST
NEW PORT RICHEY, FL 34652 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

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: KINNUNEN, NILES H., JR.
Address: 7140 JASMINE DR
City-St-Zip: NEW PORT RICHEY, FL**Title:** S (X) Delete
Name: KINNUNEN, CHERRY
Address: 7140 JASMINE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652**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: NILES H. KINNUNEN, JR

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date