

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49300

FILED
May 05, 2009
Secretary of State

Entity Name: L. WAYNE ROBBEN, D.D.S., P.A.

Current Principal Place of Business:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE
COCOA BCH, FL 32931

New Principal Place of Business:

Current Mailing Address:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE
COCOA BCH, FL 32931

New Mailing Address:

FEI Number: 59-2109352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBEN, L WAYNE, D.D.S.
3000 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931 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: DP () Delete
Name: ROBBEN, L WAYNE DDS
Address: 18 FAIRWAY DRIVE
City-St-Zip: COCOA BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: L WAYNE ROBBEN, DDS

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date