

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57180

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** HOWARD N. SACKS, DMD, P.A.

**Current Principal Place of Business:**

C/O HOWARD N. SACKS  
10651 NORTH KENDALL DRIVE, SUITE 112  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOWARD N. SACKS  
10651 NORTH KENDALL DRIVE, SUITE 112  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 59-2140531      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SACKS, HOWARD N.  
10651 NORTH KENDALL DRIVE, SUITE 112  
MIAMI, FL 33176 US

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

SACKS, HOWARD N PRES.  
10651 NORTH KENDALL DRIVE, SUITE 112  
MIAMI, FL 33176 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: HOWARD SACKS D.M.D.      01/06/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SACKS, HOWARD N,  
Address: 10651 N KENDALL DR #112  
City-St-Zip: MIAMI, FL

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

Title: DP      (X) Change ( ) Addition  
Name: SACKS, HOWARD N PRES.  
Address: 10651 N KENDALL DR #112  
City-St-Zip: MIAMI, FL

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: HOWARD SACKS D.M.D.      PRES      01/06/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date