

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81985

FILED
Feb 19, 2008
Secretary of State

Entity Name: HOWARD L. PRANIKOFF, D.D.S., P.A.

Current Principal Place of Business:

550 MEMORIAL CIR
STE L
ORMOND BCH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

550 MEMORIAL CIR
STE L
ORMOND BCH, FL 32174 US

New Mailing Address:

FEI Number: 59-2191461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRANIKOFF, HOWARD
550 MEMORIAL CIR STE L
ORMOND BCH, FL 32174 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: PRANIKOFF, HOWARD L,
Address: 49 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRANIKOFF, HOWARD L,
Address: 550 MEMORIAL CIRCLE, SUITE L
City-St-Zip: ORMOND BCH, FL 32174

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 L. PRANIKOFF

DR

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date