

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G25058

FILED
Jan 06, 2010
Secretary of State

Entity Name: WILLIAM ETTINGER, D.D.S., P.A.

Current Principal Place of Business:

C/O DENTURE & DENTAL CENTER
3384 EAST TAMIAMI TRAIL
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

C/O DENTURE & DENTAL CENTER
3384 EAST TAMIAMI TRAIL
NAPLES, FL 34112

New Mailing Address:

FEI Number: 59-2298636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETTINGER, WILLIAM
C/O DENTURE & DENTAL CENTER
3384 EAST TAMIAMI TRAIL
NAPLES, FL 34112 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: PT
Name: ETTINGER, WILLIAM
Address: 3384 E TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

Title: S
Name: ETTINGER, KELLA J
Address: 3384 E TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: MCCASH, CHRISTOHPER A
Address: 3384 EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM ETTINGER DDS PA

P

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date