

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67155

FILED
Jun 15, 2009
Secretary of State

Entity Name: JEFFREY MARC EISNER, D.M.D., P.A.

Current Principal Place of Business:

% JEFFREY MARC EISNER, D.M.D.
11020 N. KENDALL DR. STE 106
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

% JEFFREY MARC EISNER, D.M.D.
11020 N. KENDALL DR. STE 106
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2336103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EISNER, JEFFREY MARC, D.M.D.
11020 N. KENDALL DR. 106
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EISNER, JEFFERY MARC
Address: 11020 KENDALL DR #106
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EISNER, JEFFERY MARC
Address: 11020 KENDALL DR #106
City-St-Zip: MIAMI, FL 33176

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: JEFFREY MARC EISNER

DR

06/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date