

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10217

Entity Name: M. PATRICK ARDOIN II, D.D.S., P.A.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

% PROSTHODONTIC ASSOCIATES
3106 MANATEE AVE. WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

% PROSTHODONTIC ASSOCIATES
3106 MANATEE AVE. WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 59-2431423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARDOIN, PATRICK M
3106 MANATEE AVE. WEST
BRADENTON, FL 33505 US

Name and Address of New Registered Agent:

ARDOIN, PATRICK M
3106 MANATEE AVE. WEST
BRADENTON, FL 34205 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: _____ Date 02/05/2009
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ARDOIN, MERVIN P.
Address: 3106 MANATEE AVE W.
City-St-Zip: BRADENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ARDOIN, MERVIN P.
Address: 3106 MANATEE AVE W.
City-St-Zip: BRADENTON, FL 34205

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: MERVIN P. ARDOIN VP Date 02/05/2009
Electronic Signature of Signing Officer or Director