

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32728

FILED
Jan 07, 2009
Secretary of State

Entity Name: MICHAEL J. ADAMS D.D.S. AND PAMELA GOLASZ ADAMS S D.D.S., M.S., P.A.

Current Principal Place of Business:

15 N. MISSOURI AVENUE
CLEARWATER, FL 34615

New Principal Place of Business:

15 N. MISSOURI AVENUE
CLEARWATER, FL 33755

Current Mailing Address:

15 N. MISSOURI AVENUE
CLEARWATER, FL 34615

New Mailing Address:

15 N. MISSOURI AVENUE
CLEARWATER, FL 33755

FEI Number: 59-2471792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, PAMELA GOLASZ
15 NORTH MISSOURI AVE.
CLEARWATER, FL 34615 US

Name and Address of New Registered Agent:

ADAMS, PAMELA GOLASZ
15 NORTH MISSOURI AVE.
CLEARWATER, FL 33755 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: PAMELA G. ADAMS

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ADAMS, PAMELA GOLASZ,
Address: 401 BAYVIEW DR
City-St-Zip: BELLEAIR, FL 34615

Title: VPS () Delete
Name: ADAMS, MICHAEL J.,
Address: 401 BAYVIEW DR
City-St-Zip: BELLEAIR, FL 34615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ADAMS, PAMELA GOLASZ,
Address: 401 BAYVIEW DR
City-St-Zip: BELLEAIR, FL 33755

Title: VPS (X) Change () Addition
Name: ADAMS, MICHAEL J.,
Address: 401 BAYVIEW DR
City-St-Zip: BELLEAIR, FL 33756

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: PAMELA G. ADAMS

VPS

01/07/2009

Electronic Signature of Signing Officer or Director

Date