

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31896

FILED
Apr 13, 2009
Secretary of State

Entity Name: I. WARREN HERSCH, D.M.D., P.A.

Current Principal Place of Business:

823 DUNLAWTON AVE
STE E
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

823 DUNLAWTON AVE
STE E
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2712688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSCH, I. WARREN, D.M.D.
823 DUNLAWTON AVE.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

HERSCH, I. WARREN, D.M.D.
823 DUNLAWTON AVE.
SUITE E
PORT ORANGE, FL 32127 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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HERSCH, I. WARREN DMD
Address: 823 DUNLAWTON AVE SUITE E
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: HERSCH, I. WARREN DMD
Address: 823 DUNLAWTON AVE STE E
City-St-Zip: PORT ORANGE, FL 32127

Title: DPST () Delete
Name: HERSCH, I. WARREN DMD
Address: 823 DUNLAWTON STE E
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: I. WARREN HERSCH, DMD

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date