

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52204

FILED
Jan 26, 2009
Secretary of State

Entity Name: GOLDEN DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

DAVID C. PIELAK
7280 STATE ROAD 54
NEW PORT RICHEY, FL 34653

Current Mailing Address:

DAVID C. PIELAK
7280 STATE ROAD 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

DAVID C. PIELAK
1641 DAVENPORT DRIVE
TRINITY, FL 34655 US

New Mailing Address:

DAVID C. PIELAK
1641 DAVENPORT DRIVE
TRINITY, FL 34655 US

FEI Number: 59-2758598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIELAK, DAVID C.
7280 STATE ROAD 54
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

PIELAK, DAVID C.
1641 DAVENPORT DRIVE
TRINITY, FL 34655 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: DAVID PIELAK

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: PIELAK, DAVID C.,
Address: 7280 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: PIELAK, DAVID C DAVID P
Address: 1641 DAVENPORT DRIVE
City-St-Zip: TRINITY, FL 34655 US

Title: MRS () Change (X) Addition
Name: PIELAK, ELEANOR D
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID C DAVID P
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

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: DAVID PIELAK

MGR

01/26/2009

Electronic Signature of Signing Officer or Director

Date