

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37750

FILED
Mar 21, 2009
Secretary of State

Entity Name: JON M. BAUMBAUER, D.D.S., P.A.

Current Principal Place of Business:

751 3RD AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

7505 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Current Mailing Address:

P.O. BOX 2631
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2907265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMBAUER, JON M
751 3RD AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

BAUMBAUER, JON M B
843 FAIRWAY DR
NEW SMYRNA BEACH, FL 32168 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: JON M BAUMBAUER

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: BAUMBAUER, JON,
Address: 751 3RD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: () Delete
Name:
Address:
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: BAUMBAUER, JON,
Address: 7505 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: DR () Change (X) Addition
Name: JON, M B
Address: PO BOX 2631
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: DR () Change (X) Addition
Name: JON, M B
Address: PO BOX 2631
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Title: DR () Change (X) Addition
Name: JON, M B
Address: PO BOX 2631
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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: JON M BAUMBAUER

DR

03/21/2009

Electronic Signature of Signing Officer or Director

Date