2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 8:00 am Secretary of State

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ANNOAL REPORT						Jeer eta	IJ O		ucc	
DOCUMENT # K52647 1. Entity Name J.P. DENTAL ENTERPRISES INC.					04-09-2008 90035 047 ***158.75					
				5		-				
Principal Place of Business Mailing Addres					4006	3159				
4440 YOWELL ROAD KISSIMMEE, FL 34746		4440 YOWELL ROAD KISSIMMEE, FL 34746								
MISSIMMILL, IL 34740				 	I BININ HINIR ANN NIBIN 1803	MCDIŁ BIOSI ORDII I	TIBIO DIBILITA			
Principal Place of Business - No P.O. Box # Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Number 59-480			-	plied For t Applicable		
Zip Country		Zip Country		ry	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New Ro				
FREULER	, PETER J CPA			Name						
231 N JOHN YOUNG PKWY KISSIMMEE, FL 34741			-	Street Address (P.O. Box Number is Not Acceptable)						
			-	City				Zip Code	Α	
8 The above	named entity submits this statement for	the purpose of changing its	registere		red agent or bo	th in the State of Flo	FL			
	tions of registered agent.	and purpose of changing he	.09.0.0.0	o ones or registror	ou agoni, or bo	in, in the etails of the	ida: Taiii tai	miner with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd litte if .uoricable INOTE	. Red-stered	i Agent signature required	(when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
, 37e 1										
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Selection Campaign Trust Fund Contract	•		.00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES TO OFFI	CERS AND C	IRECTOR:	5 IN 11	
TITLE	P PJEVACEVIC, JOVAN	☐ Delete	TITLE				[Change	☐ Addition	
NAME STREET ADDRESS	4440 YOWELL ROAD		NAME STREE	T ADDRESS						
CITY-ST-ZIP	KISSIMMEE, FL 34746		_	S1-2IP			<u></u>	~~		
TITLE NAME	VP PJEVACEVIC, RADMILA	Delete	NAME	l l			L	Change	☐ Addition	
STREET ADDRESS	4440 YOWELL ROAD			FT ADDRESS ST-ZIP						
CITY-ST-ZIP	KISSIMMEE, FL 34746	☐ Delete	TITLE				ſ	Change	Addition	
NAME	PJEVACEVIC, MAR€O	<u>,— 20000</u>	NAME						_	
STREET ADDRESS CITY+ST+7IP	4440 YOWELL ROAD KISSIMMEE, FL 34746			ST-7IP						
TITLE	D	☐ Delete	TITLE	3			[Change	Addition	
NAME STREET ADDRESS	PJEVACEVIC, BORKO 4440 YOWELL ROAD		NAME STREE	I ADDRESS					i	
CITA-21-71h	KISSIMMEE, FL 34746			S1-ZIP				λ.		
TITLE		☐ Delete	TITLE NAME				(Change	☐ Addition	
HAME STREET ADDRESS				ET ADDRESS					(
CITY-ST-ZIP			-	ST-ZIP				7.0		
TITLÉ LIAME		☐ Delete	TITLE				L	☐ Change	☐ Addition	
STREET ADDRESS				FT ADDRESS ST-ZIP						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify fo	r the exe	emptions contained	d in Chapter 119), Florida Statutes. I	further certify	that the in	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with attemption of the receiver of the corporation.										
SIGNAT	URE: HE	weed do	MN	B'eunceu	ric	4-4-08 Date	4	67-39	1-9092	
	SIGNATURE AND TOPED OR P	RINTED HAME OF SIGNING OFFICER	OR DIRECT	OR O		Date	Day	rne Phone #		