2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# K63438

Entity Name: KAMILLA SZTANKO, D.M.D., P.A.

Current Principal Place of Business:

3830 TAMPA RD.
100
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3830 TAMPA RD.
100
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-2930723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZTANKO, KAMILLA
3830 TAMPA ROAD
SUITE 100
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

SZTANKO, KAMILLA DMD
3830 TAMPA ROAD
SUITE 100
PALM HARBOR, FL 34684 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: KAMILLA SZTANKO DMD 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DMD ( ) Delete
Name: SZTANKO, KAMILLA
Address: 3830 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

Title: PA (X) Delete
Name: SZTANKO, KAMILLA
Address: 3830 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMD (X) Change ( ) Addition
Name: SZTANKO, KAMILLA
Address: 3830 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

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: KAMILLA SZTANKO DMD 04/21/2009
Electronic Signature of Signing Officer or Director Date