## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36570

ADEL, DOUGLAS M,

ALACHUA, FL 32616

P.O. BOX 2047

Name:

Address:

City-St-Zip:

Entity Name: DOUGLAS M. ADEL, D.D.S., P.A

FILED Jan 14, 2009 Secretary of State

	500		,,					
Current Principal Place of Business:				New Principal	I Place of I	Business:		
14211 NW ALACHUA								
Current Mailing Address:				New Mailing A	New Mailing Address:			
PO BOX 2 ALACHUA		6						
FEI Number:	: 59-298189	8 FEI Nui	mber Applied For()	FEI Number Not Applicab	le ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Ad	Name and Address of New Registered Agent:			
ADEL, LIS. 151 SW 13 NEWBERI	36TH ST	2669 US						
The above in the State			this statement for the p	urpose of changing its re	egistered of	fice or registered agent, or both,		
SIGNATUR	RE:							
	Ele	ctronic Signa	ture of Registered Age	ent		Date		
Election Car	npaign Fina	ancing Trust Fu	ınd Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	14211 NV	( ) Delete DUGLAS M., V 150TH AVE A, FL 32615		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title:	PST	( ) Delete		Title: VP	(X)	Change ( ) Addition		

Name:

Address:

City-St-Zip:

ADEL, LISA S.,

P.O. BOX 2047

ALACHUA, FL 32616

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: LISA S. ADEL VP 01/14/2009