

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40496

FILED
Feb 10, 2009
Secretary of State

Entity Name: FRANK J. VASCIMINI, D.D.S., P.A.

Current Principal Place of Business:

4805 SOUTH SUNSCOAST BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4587
HOMOSASSA, FL 34447

New Mailing Address:

4805 S. SUNCOAST BLVD
HOMOSASSA, FL 34446

FEI Number: 59-2982030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASCIMINI, FRANK J.
4805 SOUTH SUNCOAST BLVD
HOMOSASSA SPRINGS, FL 32647 US

Name and Address of New Registered Agent:

VASCIMINI, FRANK J.
4805 SOUTH SUNCOAST BLVD
HOMOSASSA, FL 34446 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: _____

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VASCIMINI, FRANK J.,
Address: 4805 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA SPRGS FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VASCIMINI, FRANK J
Address: 4805 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 FL

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: FRANK VASCIMINI

DR.

02/10/2009

Electronic Signature of Signing Officer or Director

Date