

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54601

FILED
Mar 17, 2008
Secretary of State

Entity Name: CARLOS A. COELLO, D.M.D., P.A.

Current Principal Place of Business:

600 SOUTH DIXIE HWY
SUITE 200
BOCA RATON, FL 33432

New Principal Place of Business:

1700 SOUTH DIXIE HWY
SUITE 103
BOCA RATON, FL 33432

Current Mailing Address:

600 SOUTH DIXIE HWY
SUITE 200
BOCA RATON, FL 33432

New Mailing Address:

1700 SOUTH DIXIE HWY
SUITE 103
BOCA RATON, FL 33432

FEI Number: 65-0176029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COELLO, CARLOS A.
600 SOUTH DIXIE HWY
#200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

COELLO, CARLOS A.
1700 SOUTH DIXIE HWY
SUITE 103
BOCA RATON, FL 33432 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: CARLOS COELLO JR DMD

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COELLO, CARLOS JR DMD
Address: 600 S. DIXIE HWY #200
City-St-Zip: BOCA RATON, FL

Title: VPS () Delete
Name: COELLO, KAREN DMD
Address: 600 S. DIXIE HWY #200
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: COELLO, CARLOS JR DMD
Address: 600 S. DIXIE HWY #200
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COELLO, CARLOS JR DMD
Address: 1700 S. DIXIE HWY SUITE 103
City-St-Zip: BOCA RATON, FL 33432

Title: VPS (X) Change () Addition
Name: COELLO, KAREN DMD
Address: 1700 S. DIXIE HWY SUITE 103
City-St-Zip: BOCA RATON, FL 33432

Title: T (X) Change () Addition
Name: COELLO, CARLOS JR DMD
Address: 1700 S. DIXIE HWY SUITE 103
City-St-Zip: BOCA RATON, FL 33432

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: CARLOS COELLO JR DMD

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date