2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# M85503

Entity Name: JOSEPH KILSHTOK D.D.S., P.A.

Current Principal Place of Business:

1015 NORTH AMERICA WAY
#150
MIAMI, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

20941 NE 37 CT
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0058675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KILSHTOK, JOSEPH DDS
20941 NE 37TH CT
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KILSHTOK, JOSEPH
Address: 20941 NE 37 CT
City-St-Zip: AVENTURA, FL 33180

Title: STD ( ) Delete
Name: KILSHTOK, TAMMY
Address: 20941 NE 39 CT
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: PAYTON, KEVIN L
Address: 436 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KEVIN PAYTON D.D.S. D 03/19/2009

Electronic Signature of Signing Officer or Director Date