

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002162

FILED
Apr 13, 2009
Secretary of State

Entity Name: SOUTHEASTERN MOBILE DENTAL SERVICES, INC.

Current Principal Place of Business:

9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-2632886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JUDY
9000 S.W. 152ND STREET
SUITE 101
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EZELL, STEPHEN
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WILSON, DON
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: JONES, JUDY
Address: 9000 S.W. 152ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY JONES

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date