

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06243

FILED
Feb 08, 2008
Secretary of State

Entity Name: PROSTHODONTIC STUDY GROUP - CENTER FOR ADVANCED DENTAL STUDY, INC.

Current Principal Place of Business:

111 2ND AVE. N.E., STE 1104
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

111 2ND AVE. N.E., STE 1104
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2496539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, DEWITT C.
STE 1104, 111 2ND AVE NE
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

WILKERSON, DEWITT D
STE 1104, 111 2ND AVE NE
ST PETERSBURG, FL 33701 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: DEWITT WILKERSON

02/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUPONT, GLENN E,
Address: 7424 17TH LANE NE
City-St-Zip: ST PETERSBURG, FL 337013443

Title: D () Delete
Name: WILKERSON, DEWITT C,
Address: 4690 WATERFORD CT. N.E
City-St-Zip: ST PETERSBURG, FL 337013443

Title: D () Delete
Name: GRUNDSET, KENNETH
Address: 111 2ND AVE. NE, SUITE 1104
City-St-Zip: ST. PETERSBURG, FL 337013443

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: DEWITT WILKERSON

D

02/08/2008

Electronic Signature of Signing Officer or Director

Date