

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067961

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** PERIODONTICS & IMPLANTOLOGY OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

700 N. HIATUS RD.  
SUITE 201  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

2314 SW 135TH AVENUE  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 65-1027688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, DENISE A  
2314 SW 135TH AVENUE  
MIRAMAR, FL 33027 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:** P ( ) Delete  
**Name:** BENJAMIN-ULETT, SARAH J MS.  
**Address:** 5161 NW 45TH TERRACE  
**City-St-Zip:** COCONUT CREEK, FL 33073

**Title:** VP (X) Delete  
**Name:** YOUNG, DENISE A DR.  
**Address:** 2314 SW 135TH AVENUE  
**City-St-Zip:** MIRAMAR, FL 33027 US

**Title:** GM (X) Delete  
**Name:** YOUNG, MARY E MRS.  
**Address:** 357 SANDPIPER AVENUE  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** YOUNG, DENISE A DR  
**Address:** 2314 SW 135TH AVENUE  
**City-St-Zip:** MIRAMAR, FL 33027

**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:** DENISE A. YOUNG, DDS

P

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date