

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068401

FILED
Jan 16, 2009
Secretary of State

Entity Name: JOSEPH M. KILMAN, D.M.D., P.A.

Current Principal Place of Business:

1974 SR 44, UNIT 12
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1214 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3659081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILMAN, JOSEPH M DMD
1214 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 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: KILMAN, JOSEPH M DMD
Address: 1214 COMMODORE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V () Delete
Name: KILMAN, ANITA M
Address: 1214 COMMODORE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T () Delete
Name: KILMAN, AARON
Address: 5965 BOGGS FORD RD
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: KILMAN, CAROL Y
Address: 242 GARY AVE
City-St-Zip: OAKHILL, FL 32725

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:

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: JOSEPH M KILMAN, DMD

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date