

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089031

FILED
Apr 07, 2009
Secretary of State

Entity Name: DENTISTRY BY ATTAR, P.A.

Current Principal Place of Business:

101 EAST KENNEDY BLVD., STE. 300
TAMPA, FL 33602

New Principal Place of Business:

101 EAST KENNEDY BLVD.
SUITE300
TAMPA, FL 33602

Current Mailing Address:

101 EAST KENNEDY BLVD., STE. 300
TAMPA, FL 33602

New Mailing Address:

101 EAST KENNEDY BLVD.
SUITE300
TAMPA, FL 33602

FEI Number: 59-3747621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMLING & HAYA
9205 CONNECHUSETT RD
TAMPA, FL 33687 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: D () Delete
Name: ATTAR, HEIDI
Address: 101 EAST KENNEDY BLVD., STE. 300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ATTAR, HEIDI S
Address: 101 EAST KENNEDY BLVD., STE. 300
City-St-Zip: TAMPA, FL 33602

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: HEIDI S. ATTAR

DR.

04/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date