2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P02000001555

Entity Name: RONALD M. MARINI, DMD, PA.

Current Principal Place of Business:

2921 S. ORLANDO DRIVE
SUITE 146
SANFORD, FL 327734105

New Principal Place of Business:

Current Mailing Address:

945 DYSON DRIVE
WINTER SPRINGS, FL 327084517

New Mailing Address:

1495 STELLAR DRIVE
OVIEDO, FL 327659685

FEI Number: 01-0598089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINI, RONALD M
945 DYSON DRIVE
WINTER SPRINGS, FL 327084517 US

Name and Address of New Registered Agent:

MARINI, RONALD M
1495 STELLAR DRIVE
OVIEDO, FL 327659685 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: RONALD M MARINI 02/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARINI, RONALD M DMD
Address: 945 DYSON DRIVE
City-St-Zip: WINTER SPRINGS, FL 327084517

Title: V ( ) Delete
Name: MARINI, MARCELA H
Address: 945 DYSON DRIVE
City-St-Zip: WINTER SPRINGS, FL 327084517

Title: S ( ) Delete
Name: ZACKOVA, MARCELA
Address: 945 DYSON DRIVE
City-St-Zip: WINTER SPRINGS, FL 327084517

Title: T ( ) Delete
Name: MARINI, DENNIS A
Address: 2626 ROLLING OAKS DRIVE
City-St-Zip: SAN MARCOS, TX 78666

Title: M ( ) Delete
Name: WEITZEL, JUDITH A
Address: 21 FAWN LANE
City-St-Zip: VALLEY GROVE, WV 26060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARINI, RONALD M DMD
Address: 1495 STELLAR DRIVE
City-St-Zip: OVIEDO, FL 327659685

Title: V (X) Change ( ) Addition
Name: MARINI, MARCELA H
Address: 1495 STELLAR DRIVE
City-St-Zip: OVIEDO, FL 327659685

Title: S (X) Change ( ) Addition
Name: ZACKOVA, MARCELA
Address: 1495 STELLAR DRIVE
City-St-Zip: OVIEDO, FL 327659685

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: RONALD M MARINI P 02/26/2009
Electronic Signature of Signing Officer or Director Date