2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P02000002929

Entity Name: A.G. FAMILY & COSMETIC DENTISTRY, P.A.

Current Principal Place of Business:

4388 THOMASSON DRIVE
NAPLES, FL 34112

New Principal Place of Business:

4280 TAMIAMI TRAIL EAST
201
NAPLES, FL 34112 US

Current Mailing Address:

4388 THOMASSON DRIVE
NAPLES, FL 34112

New Mailing Address:

4628 TAMIAMI TRAIL EAST
A
NAPLES, FL 34112 US

FEI Number: 01-0579803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABREU, ROMELIO R
4388 THOMASSON DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

ABREU, ROMELIO R
4628 TAMIAMI TRAIL EAST
A
NAPLES, FL 34112 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: ROMELIO ABREU 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABREU, ROMELIO R
Address: 4388 THOMASSON DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: GUEVARA, AYLEN D
Address: 4388 THOMASSON DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ABREU, ROMELIO R
Address: 4628 TAMIAMI TRAIL EAST, #A
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: GUEVARA, AYLEN D
Address: 4628 TAMIAMI TRAIL EAST, #A
City-St-Zip: NAPLES, FL 34112

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: AYLEN GUEVARA MGR 01/21/2009
Electronic Signature of Signing Officer or Director Date