## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109797

Entity Name: ALEX M. GLUHAREFF, DDS, P.A.

FILED Jan 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3040 SW 27 AVE STE 101 3040 SW 27 AVE STE 101 OCALA, FL 34474 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

3040 SW 27 AVE STE 101 3040 SW 27 AVE STE 101 OCALA, FL 34474 OCALA, FL 34471

FEI Number: 59-2768360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

 GLUHAREFF, ALEX M DDS
 GLUHAREFF, ALEX M DDS

 3040 SW 27 AVE STE 101
 3040 SW 27 AVE STE 101

 OCALA, FL 34474
 US

 OCALA, FL 34471
 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: ALWX GLUHAREFF 01/06/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PS
 ( ) Delete
 Title:
 PS
 (X) Change ( ) Addition

 Name:
 GLUHAREFF, A M DDS
 Name:
 GLUHAREFF, A M DDS

 Address:
 3040 SW 27TH AVE, SUITE 101
 Address:
 3040 SW 27TH AVE, SUITE 101

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

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: ALEX GLUHAREFF PRES 01/06/2008

Electronic Signature of Signing Officer or Director

Date