

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113194

Entity Name: MCILWAIN FAMILY DENTISTRY, PA

FILED  
Feb 20, 2008  
Secretary of State

## Current Principal Place of Business:

4710 N HABANA AVE STE 203  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

4710 N HABANA AVE STE 203  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 81-0579150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCILWAIN, LEIGH ANN DMD  
4710 N HABANA AVE STE 203  
TAMPA, FL 33614 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: MCILWAIN, LEIGH ANN DMD  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: MCILWAIN, JAMES E DDS MSD  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: CHAIRAMONTE, MICHAEL  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: MCILWAIN, MICHAEL  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHAIRAMONTE, MICHAEL DMD  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change ( ) Addition  
Name: MCILWAIN, MICHAEL DMD  
Address: 4710 N HABANA AVE STE 203  
City-St-Zip: TAMPA, FL 33614

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: LEIGH ANN MCILWAIN

DMD

02/20/2008

Electronic Signature of Signing Officer or Director

Date