

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038763

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: ALFRED J. THEIS, D.D.S., P.A.

## Current Principal Place of Business:

640 EAST NEW HAVEN AVENUE  
# 2550  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2550  
MELBOURNE, FL 32902

## New Mailing Address:

FEI Number: 06-1687536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD STE 505  
MELBOURNE, FL 32901 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: P, D ( ) Delete  
Name: THEIS, ALFRED J D.D.S.  
Address: PO BOX 2550  
City-St-Zip: MELBOURNE, FL 32902 US

Title: V ( ) Delete  
Name: THEIS, JANE  
Address: PO BOX 2550  
City-St-Zip: MELBOURNE, FL 32902 US

Title: S ( ) Delete  
Name: THEIS, ALEX  
Address: PO BOX 2550  
City-St-Zip: MELBOURNE, FL 32902 US

Title: T ( ) Delete  
Name: O'CONNOR, RUTH  
Address: PO BOX 2550  
City-St-Zip: MELBOURNE, FL 32902 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALFRED J. THEIS DDS

P,D

01/06/2008

Electronic Signature of Signing Officer or Director

Date