## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000038763

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

FILED Jan 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 640 EAST NEW HAVEN AVENUE 640 EAST NEW HAVEN AVENUE # 2550 # 2550 MELBOURNE, FL 32901 MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** PO BOX 2550 640 EAST NEW HAVEN AVENUE MELBOURNE, FL 32902 # 2550 MELBOURNE, FL 32901 US FEI Number: 06-1687536 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: ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition P D ( ) Delete Title: PRFS THEIS, ALFRED J D.D.S. Name: Name: THEIS, ALFRED J D.D.S. PO BOX 2550 PO BOX 2550 Address: Address: City-St-Zip: MELBOURNE, FL 32902 US City-St-Zip: MELBOURNE, FL 32902 US Title: Title: () Delete () Change () Addition Name: THEIS, JANE Name: PO BOX 2550 Address: Address: MELBOURNE, FL 32902 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition THEIS, ALEX Name: Name: PO BOX 2550 Address: Address: City-St-Zip: MELBOURNE, FL 32902 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition O'CONNOR, RUTH Name: Name: Address: PO BOX 2550 Address: City-St-Zip: MELBOURNE, FL 32902 US 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 PA PRES 01/17/2009