

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051238

FILED
Jan 09, 2008
Secretary of State

Entity Name: SPRINGS FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

145 WEKIVA SPRINGS ROAD
SUITE 129
LONGWOOD, FL 327793624

Current Mailing Address:

145 WEKIVA SPRINGS ROAD
SUITE 129
LONGWOOD, FL 327793624

New Principal Place of Business:

2855W. STATE ROAD 434
SUITE 1031
LONGWOOD, FL 32779-448 US

New Mailing Address:

2855W. STATE ROAD 434
SUITE 1031
LONGWOOD, FL 32779-448 US

FEI Number: 86-1063557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, JOHN D
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205 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: HAWKINS, ROBERT B D.M.D.
Address: 145 WEKIVA SPRINGS ROAD SUITE 129
City-St-Zip: LONGWOOD, FL 327793624

Title: P () Delete
Name: HAWKINS, ROBERT B DR
Address: 145 WEKIVA SPRINGS ROAD SUITE 129
City-St-Zip: LONGWOOD, FL 327793624

Title: V () Delete
Name: HAWKINS, ROBERT B DR
Address: 145 WEKIVA SPRINGS ROAD SUITE 129
City-St-Zip: LONGWOOD, FL 327793624

Title: T () Delete
Name: HAWKINS, ROBERT B DR
Address: 145 WEKIVA SPRINGS ROAD SUITE 129
City-St-Zip: LONGWOOD, FL 327793624

Title: S () Delete
Name: HAWKINS, ROBERT B DR
Address: 145 WEKIVA SPRINGS ROAD SUITE 129
City-St-Zip: LONGWOOD, FL 327793624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAWKINS, ROBERT B D.M.D.
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779-448 US

Title: P (X) Change () Addition
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779-448 US

Title: V (X) Change () Addition
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779-448 US

Title: T (X) Change () Addition
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779-448 US

Title: S (X) Change () Addition
Name: HAWKINS, ROBERT B DR
Address: 2855W. STATE ROAD 434, SUITE 1031
City-St-Zip: LONGWOOD, FL 32779-448 US

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: ROBERT B. HAWKINS

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date