

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059856

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: DAVID DROBES, D.M.D., P.A.

**Current Principal Place of Business:**

5190 NW 167 ST  
SUITE 216  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

10112 NW 59TH DR  
PARKLAND, FL 33076

**New Mailing Address:**

5190 NW 167 ST  
SUITE 216  
MIAMI, FL 33014

FEI Number: 56-2375802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVID, DROBES  
10112 NW 59TH DR.  
PARKLAND, FL 33076 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: DPVS ( ) Delete  
Name: DROBES, DAVID  
Address: 10112 NW 59TH DR  
City-St-Zip: PARKLAND, FL 33076

Title: T ( ) Delete  
Name: DROBES, DAVID  
Address: 10112 NW 59TH DR  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAVID DROBES

PRES

02/08/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date