2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061343

City-St-Zip: PORT ST LUCIE, FL 34986

Entity Name: RACHELLE A. DERMODY, D.M.D., P.A.

FILED Apr 15, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ETHANY DRIV LUCIE, FL 349				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ETHANY DRIN LUCIE, FL 349				
FEI Number	: 56-2373149	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
VERO BEA	HLAND BLVD ACH, FL 3296:		purpose of changing its registered	l office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	` '	Delete RISTOPHER M DMD NY DRIVE	Title: Name: Address:	() Change () Addition	

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: RACHELLE A. DERMODY DR 04/15/2009