

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000148072

FILED
Jul 20, 2009
Secretary of State**Entity Name:** CALA HILLS ENDODONTICS, P.A.**Current Principal Place of Business:**2130 SW 22 PL #101
OCALA, FL 34471**New Principal Place of Business:****Current Mailing Address:**2130 SW 22 PL #101
OCALA, FL 34471**New Mailing Address:****FEI Number:** 88-0517434**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LECORN, DEMETRICK W DMD
10984 SW 48TH TERRACE
OCALA, FL 34476 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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: LECORN, DEMETRICK W
Address: 10984 SW 48TH TERRACE
City-St-Zip: OCALA, FL 34476 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LECORN, DEMETRICK W DMD
Address: 10984 SW 48TH TERRACE
City-St-Zip: OCALA, FL 34476 US

Title: VP () Change (X) Addition
Name: ZEPEDA, BORUS DMD
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: OCALA, FL 34471 US

Title: VP () Change (X) Addition
Name: BERNSTEIN, DUANE DMD
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: OCALA, FL 34471 US

Title: VP () Change (X) Addition
Name: COX, FREDERICK DDS
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: OCALA, FL 34471

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: DEMETRICK W. LECORN, DMD

P

07/20/2009

Electronic Signature of Signing Officer or Director_____
Date