

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2010
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LECORN, DEMETRICK W DMD
Address: 10984 SW 48TH TERRACE
City-St-Zip: Ocala, FL 34476 US

Title: VP
Name: ZEPEDA, BORUS DMD
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: Ocala, FL 34471 US

Title: VP
Name: BERNSTEIN, DUANE DMD
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: Ocala, FL 34471 US

Title: VP
Name: COX, FREDERICK DDS
Address: 2130 SW 22ND PLACE SUITE #101
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: DEMETRICK W. LECORN

PRES

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date