## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000030604

Entity Name: LISA SALLOUM, D.D.S., P.A.

FILED Jan 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1542 KINGSLEY AVENUE 3601 HOLLY GROVE AVE SUITE 135 JACKSONVILLE, FL 32217 ORANGE PARK, FL 32073 **New Mailing Address: Current Mailing Address:** 905 PARK AVE SUITE 102 ORANGE PARK, FL 32073 FEI Number: 20-2321004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYERS, WILLIAM S CPA 905 PAŔK AVE SUITE 102 ORANGE PARK, FL 32073 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition () Delete Title: SALLOUM, LISA G Name: Name:

 Title:
 PD () Delete
 Title:
 () Chang

 Name:
 SALLOUM, LISA G
 Name:

 Address:
 3601 HOLLYGROVE AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32217
 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: LISA SALLOUM P 01/29/2009