


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90107 013 \*\*\*150.00

<b>DOCUMENT # P04000082774</b>					
<b>1. Entity Name</b> TODD J. SAWISCH, D.D.S., P.A.					
<b>Principal Place of Business</b> 2161 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308			<b>Mailing Address</b> 2161 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308		
<b>2. Principal Place of Business - No P.O. Box #</b> 6000 N FEDERAL HWY		<b>3. Mailing Address</b> 6000 N. FEDERAL HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> FT LAUDERDALE FL		<b>City &amp; State</b> FT LAUDERDALE, FL		<b>4. FEI Number</b> 41-2139274	
<b>Zip</b> 33308		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SAWISCH, TODD J DDSPA 2161 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308		<b>7. Name and Address of New Registered Agent</b> Name: SAWISCH, TODD J DDS Street Address (P.O. Box Number is Not Acceptable): 6000 N. FEDERAL HWY City: FT. LAUDERDALE FL Zip Code: 33308			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Todd J. Sawisch DDS</u> <b>Todd J. SAWISCH DDS</b> <u>1/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SAWISCH, TODD J DDSPA 2161 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SAWISCH, TODD J DDS 6000 N FEDERAL HWY FT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Todd J. Sawisch DDS</u> <b>Todd J. SAWISCH DDS</b> <u>1/10/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>954-772-2000</u> <small>Date Daytime Phone #</small>		