2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106798

City-St-Zip:

CAPE CORAL, FL 33904

Entity Name: DONALD W. NORTON, DMD, P.A.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4115 DEL CAPE CO	PRADO PRAL, FL 3390	4			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4115 DEL CAPE CO	PRADO PRAL, FL 3390	4			
FEI Number	r: 20-1395437	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	EVIN M EMENTARY W	AY			
206 BONITA S	SPRINGS, FL F	FL, 34135 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P,D (NORTON, DON 4115 DEL PRA CAPE CORAL,	DO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T,D (NORTON, DON 4115 DEL PRA CAPE CORAL,	DO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S,D (NORTON, DON 4115 DEL PRA		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DONALD W. NORTON, DMD P,D 01/07/2008