

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000119067

Entity Name: JADE THOMAS, DDS, P.A.

FILED
May 20, 2009
Secretary of State**Current Principal Place of Business:**2385 SE FEDERAL HIGHWAY
STUART, FL 34997 US**New Principal Place of Business:****Current Mailing Address:**2385 SE FEDERAL HIGHWAY
STUART, FL 34997 US**New Mailing Address:**

FEI Number: 20-1498646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:THOMAS, JADE
2385 SE FEDERAL HIGHWAY
STUART, FL 34997 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: THOMAS, JADE
Address: 2385 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997 USTitle: VP (X) Delete
Name: MOJGAN, SALEHI
Address: 210 VIA EMILIA
City-St-Zip: PALM BEACH GARDENS, FL 33418**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
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: JADE THOMAS, DDS

P

05/20/2009

Electronic Signature of Signing Officer or Director_____
Date