## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000123476

Entity Name: CORTEZ DENTAL, PA

FILED Feb 11, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6008 36TH CT. EAST 4016 CORTEZ RD W ELLENTON, FL 34222 STE 1101

BRADENTON, FL 34210

**Current Mailing Address: New Mailing Address:** 

6008 36TH CT. EAST 4016 CORTEZ RD W ELLENTON, FL 34222

STE 1101 BRADENTON, FL 34210

FEI Number: 20-1548932 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:

SHEAHAN, SUSAN SHEAHAN, SUSAN 6008 36TH CT. EAST 15514 29TH ST E

ELLENTON, FL 34222 US PARRISH, FL 34219 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: SUSAN SHEAHAN 02/11/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

SHEAHAN, SUSAN SHEAHAN, SUSAN Name: Name: 6008 36TH CT. EAST Address: 15514 29TH ST E Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: PARRISH, FL 34219

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: SUSAN SHEAHAN **PRES** 02/11/2008

Electronic Signature of Signing Officer or Director

Date