

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129778

FILED
Feb 25, 2009
Secretary of State

Entity Name: EWELINA KALINOWSKA - SZYSZKA, D.D.S., P.A.

Current Principal Place of Business:

1237 S. MISSOURI AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1237 S. MISSOURI AVE.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-1610252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALINOWSKA - SZYSZKA, EWELINA DDS
1434 WATERMILL CIR
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KALINOWSKA - SZYSZKA, EWELINA DDS
Address: 1434 WATERMILL CIR
City-St-Zip: TARPON SPRINGS, FL 34869

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EWELINA KALINOWSKA-SZYSZKA

DDS

02/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date