

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000102

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: KOVAL & KOVAL DENTAL ASSOCIATES, INC

**Current Principal Place of Business:**

2477 STICKNEY POINT ROAD  
216 A  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

1617 S TUTTLE AVE  
2A  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-2328070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TED, DUNN  
1617 S TUTTLE AVE  
2A  
SARASOTA, FL 34239 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: P ( ) Delete  
Name: CHRISSY, KOVAL  
Address: 1617 S TUTTLE AVE, SUITE 2A  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Delete  
Name: EUGENE, KOVAL  
Address: 1617 S TUTTLE AVE, SUITE 2A  
City-St-Zip: SARASOTA, FL 34239

Title: T/S (X) Delete  
Name: TED, DUNN  
Address: 1617 S TUTTLE AVE, SUITE 2A  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/S (X) Change ( ) Addition  
Name: TED, DUNN  
Address: 1617 S TUTTLE AVE, SUITE 2A  
City-St-Zip: SARASOTA, FL 34239

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: TED DUNN

S/T

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date