

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008855

FILED
Feb 13, 2009
Secretary of State

Entity Name: FIRST COAST DENTISTRY, P.A.

Current Principal Place of Business:

1313 E COAST DR
ATLANTIC BCH, FL 32233

New Principal Place of Business:

1313 E COAST DRIVE
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1313 E COAST DR
ATLANTIC BCH, FL 32233

New Mailing Address:

1313 E COAST DRIVE
ATLANTIC BEACH, FL 32233

FEI Number: 20-2187893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, CHRISTINE T
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ADAMS, CHRISTINE T
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: TOMAN, THOMAS J D.D.S.
Address: 1313 E COAST DR
City-St-Zip: ATLANTIC BCH, FL 32233

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: TOMAN, THOMAS J D.D.S.
Address: 1313 E COAST DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Change (X) Addition
Name: TOMAN, TIMOTHY J D.M.D.
Address: 1313 E COAST DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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: THOMAS J. TOMAN, D.D.S.

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date