

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056834

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAUREL MANOR CENTER FOR COMPREHENSIVE DENTISTRY, P.A.

Current Principal Place of Business:

1950 LAUREL MANOR DR
SUITE 180B
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

8301 COUNTY RD. 44, LEG A
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 20-2699709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ILKKA, DON J. DDS
8301 COUNTY RD. 44, LEG A
LEESBURG, FL 34788 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: D () Delete
Name: ILKKA, DON J. DDS
Address: 8301 COUNTY RD. 44, LEG A
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: ROZENSKY, RICHARD W DDS
Address: 8792 SE 165TH MULBERRY LANE
City-St-Zip: THE VILLAGES, FL 32162

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: DON J ILKKA

Electronic Signature of Signing Officer or Director

MEM

04/27/2009

Date