2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P05000061236

Entity Name: PRECISION DENTAL RESTORATIONS, INC.

Current Principal Place of Business:

5109 NW 39TH AVENUE
SUITE B
GAINESVILLE, FL 32606

New Principal Place of Business:

5109 NW 39TH AVENUE
SUITE G
GAINESVILLE, FL 32606

Current Mailing Address:

5109 NW 39TH AVENUE
SUITE B
GAINESVILLE, FL 32606

New Mailing Address:

5109 NW 39TH AVENUE
SUITE G
GAINESVILLE, FL 32606

FEI Number: 20-2746446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, ERIC M
3153 NW 12TH STREET
GAINESVILLE, FL 32609 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: JOSEPH, ERIC M
Address: 3153 NW 12TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: MOORE, PHILIP C
Address: 3805 NW 50TH STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: DANIEL, SALENA R
Address: 8401 NW 13 ST. LOT 18
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ERIC M. JOSEPH MR. 04/23/2009

Electronic Signature of Signing Officer or Director Date