2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063295

FILED Apr 27, 2009 Secretary of State

Entity Name: CLERMONT CENTER FOR COMPREHENSIVE DESTISTRY, P.A.

Current Principal Place of Business: New Principal Place of Business: 1645 E HWY 50 335 COLONY BOULEVARD CLERMONT, FL 34711 THE VILLAGES, FL 32162 **Current Mailing Address: New Mailing Address:** 8301 COUNTY RD 44 - LEG A LEESBURG, FL 34788 FEI Number: 20-2781476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ILKKA, DON J D.D.S. 8301 COUNTY RD 44 - LEG A LEESBURG, FL 34788 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ILKKA, DON J D.D.S. Name: Name: 8301 COUNTY RD 44 - LEG A Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROZENSKY, RICHARD W D.D.S. Name: 8728 SE 165TH MULBERRY LN Address: Address: THE VILLAGES, FL 32162 City-St-Zip: 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 MEM 04/27/2009