

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068192

FILED
Jan 20, 2009
Secretary of State

Entity Name: KAWVEH NOFALLAH, D.M.D., P.A.

Current Principal Place of Business:

3624 HARDEN BLVD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

3388 FIDDLE LEAF WAY
LAKELAND, FL 33811 US

New Mailing Address:

6747 EAGLE RIDGE BLVD
LAKELAND, FL 33813 US

FEI Number: 20-2855082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, HAL
1642 MEDICAL LANE
SUITE A
FORT MYERS, FL 33907 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: NOFALLAH, KAWVEH DMD
Address: 3624 HARDEN BLVD
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: NOFALLAH, KAWVEH DMD
Address: 3624 HARDEN BLVD
City-St-Zip: LAKELAND, FL 33803

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: KAWVEH NOFALLAH

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date