## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123411

Entity Name: EAST COLONIAL DENTAL GROUP, INC.

**FILED** Feb 06, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

1223 EAST CONCORD STREET 4401 EAST COLONIAL DRIVE ORLANDO, FL 32803

108

ORLANDO, FL 32803

**Current Mailing Address: New Mailing Address:** 

1223 EAST CONCORD STREET 4401 EAST COLONIAL DRIVE

ORLANDO, FL 32803

ORLANDO, FL 32803

FEI Number: 20-3413578 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:

BENITEZ, AGUSTIN R BARINAS, FROILAN 1223 EAST CONCORD STREET 4401 EAST COLONIAL DRIVE ORLANDO, FL 32803 108 ORLANDO, FL 32803 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: FROILAN BARINAS 02/06/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BARINAS, FROILAN BARINAS, FROILAN Name: Name:

1223 EAST CONCORD STREET 4401 EAST COLONIAL DRIVE SUITE 108 Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32803

Title: () Delete Title: VΡ ( ) Change (X) Addition

Name: Name: BARINAS, NORMA

Address: Address: 4401 EAST COLONIAL DRIVE SUITE 108

ORLANDO, FL 32803 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: FROILAN BARINAS PT 02/06/2008