

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145602

FILED
Apr 06, 2009
Secretary of State

Entity Name: COLUMBIA DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

1135 W. COLUMBIA AVE.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1135 W. COLUMBIA AVE.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-3702541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARINAS, FROILAN
11228 BRIDGE HOUSE ROAD
WINDEREMERE, FL 34786 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: PTS () Delete
Name: BARINAS, FROILAN
Address: 11228 BRIDGE HOUSE ROAD
City-St-Zip: WINDEREMERE, FL 34786

Title: VP () Delete
Name: BARINAS, NORMA
Address: 11228 BRIDGE HOUSE ROAD
City-St-Zip: WINDEREMERE, FL 34786

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: FROILAN BARINAS

PTS

04/06/2009

Electronic Signature of Signing Officer or Director

Date