

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046445

FILED
Feb 03, 2009
Secretary of State

Entity Name: PAT RICALDE, M.D., D.D.S., P.A.

Current Principal Place of Business:

304 S MACDILL AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

304 S MACDILL AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 22-3923165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICALDE, PAT
3590 BELLEVISTA DRIVE EAST
SAINT PETERSBURG, FL 33706 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: PSD () Delete
Name: RICALDE, PAT
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: VPTD () Delete
Name: RICALDE, RUSSELL
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

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: PAT RICALDE

PSD

02/03/2009

Electronic Signature of Signing Officer or Director

Date