

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052342

FILED
Feb 03, 2009
Secretary of State

Entity Name: JOHN P. LUNDGREN, D.D.S., P.A.

Current Principal Place of Business:

5218 JAMMES ROAD SUITE C
JACKSONVILLE, FL 32210

New Principal Place of Business:

7740 POINT MEADOWS DRIVE
SUITE 3B
JACKSONVILLE, FL 32256

Current Mailing Address:

5218 JAMMES ROAD SUITE C
JACKSONVILLE, FL 32210

New Mailing Address:

7740 POINT MEADOWS DRIVE
SUITE 3B
JACKSONVILLE, FL 32256

FEI Number: 20-4868609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILEY, D. RANDALL
135 PROFESSIONAL DRIVE SUITE 101
PONTE VEDRA BEACH, FL 32082 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: D () Delete
Name: LUNDGREN, JOHN P D.D.S.
Address: 5218 JAMMES ROAD SUITE C
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LUNDGREN, JOHN P D.D.S.
Address: 7740 POINT MEADOWS DRIVE, SUITE 3B
City-St-Zip: JACKSONVILLE, FL 32256

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: JOHN P LUNDGREN

OWNE

02/03/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date