## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000064860

Entity Name: DIETRICH DENTAL SERVICES, P.A.

17178 TOLEDO BLADE BLVD

PORT CHARLOTTE, FL 33954

Address:

City-St-Zip:

FILED Feb 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17178 TOLEDO BLADE BOULEVARD PORT CHARLOTTE, FL 33954 **Current Mailing Address: New Mailing Address:** C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950 FEI Number: 20-4870002 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: HOLMES, DAVID A 99 NESBÍT STREET PUNTA GORDA, FL 33950 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition DIETRICH, JOHN L DDS Name: Name: 17178 TOLEDO BLADE BLVD Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: Title: () Delete Title: () Change () Addition KALONAROS-DIETRICH, THEODORA K DDS Name: 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: JOHN L. DIETRICH PSD 02/26/2009