2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077886

Entity Name: BAYSIDE DENTAL AESTHETICS, INC.

FILED Jul 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6607 3RD AVENUE WEST 815 40TH ST WEST

BRADENTON, FL 34209 BRADENTON, FL 34205 US US

Current Mailing Address: New Mailing Address:

6607 3RD AVENUE WEST 815 40TH ST WEST

BRADENTON, FL 34209 US BRADENTON, FL 34205 US

FEI Number: 20-4996941 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:

SALAS, JOSEPH SALAS, JOSEPH 6607 3RD AVENUE WEST 815 40TH ST WEST

BRADENTON, FL 34209 BRADENTON, FL 34205 US 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: JOSEPH SALAS 07/23/2008

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

BRADENTON, FL 34209 US

BRADENTON, FL 34205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition SALAS, JOSEPH SALAS, JOSEPH Name: Name: 6607 3RD AVENUE WEST 815 40TH ST WEST Address: Address:

City-St-Zip: BRADENTON, FL 34209 US City-St-Zip: BRADENTON, FL 34205 US

() Delete Title: Title: **PVST** (X) Change () Addition SALAS, JOSEPH Name: SALAS, JOSEPH Name: 6607 3RD AVENUE WEST Address: 815 40TH ST WEST Address:

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: JOSEPH SALAS **PVST** 07/23/2008