

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079803

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED AESTHETICS DENTAL STUDIO, P.A.

**Current Principal Place of Business:**

27516 CASHFORD CIR  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

27516 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

27516 CASHFORD CIR  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

27516 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33543

FEI Number: 20-4859629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGH, A. DAVE  
27516 CASHFORD CIR  
WESLEY CHAPEL, FL 33543 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: MR. ( ) Delete  
Name: SINGH, A. DAVE PRES  
Address: 17933 HOLLY BROOK DRIVE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: J RYAN ARNOLD

POA

01/21/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date