

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099619

Entity Name: DEL RIO FAMILY DENTAL, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

8613 OLD KINGS RD,SOUTH
UNIT 301
JACKSONVILLE, FL 32217

New Principal Place of Business:

8613 OLD KINGS RD. SOUTH
UNIT 301
JACKSONVILLE, FL 32217

Current Mailing Address:

8613 OLD KINGS RD.SOUTH
UNIT 301
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-5329323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMORRO, JORGE A
8613 OLD KINGS RD,SOUTH
UNIT 301
JACKSONVILLE, FL 32217 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: DP () Delete
Name: CHAMORRO, JORGE A
Address: 8613 OLD KINGS RD,SOUTH. SUITE 301
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP () Delete
Name: LOPEZ DEL RIO, NORKIS
Address: 8613 OLD KINGS RD,SOUTH SUITE 301
City-St-Zip: JACKSONVILLE, FL 32217

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: JORGE A. CHAMORRO

DDS

03/30/2009

Electronic Signature of Signing Officer or Director

Date