

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115933

FILED
Jan 19, 2009
Secretary of State

Entity Name: CONTE DENTAL, P.A.

Current Principal Place of Business:

9400 FOUNTAIN MEDICAL COURT
B101
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

42 AMHERST RD
HIGHBAR HARBOR, NJ 08008 US

New Mailing Address:

9400 FOUNTAIN MEDICAL COURT
B101
BONITA SPRINGS, FL 34135 US

FEI Number: 20-5765240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, TONIANN
2001 MITZI LANE
SANIBEL, FL 33957 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: PRES () Delete
Name: BURRUS, DAVID
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: TRES () Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: SECT () Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

Title: DIR () Delete
Name: CONTE, TONIANN
Address: 42 AMHERST RD
City-St-Zip: HIGHBAR HARBOR, NJ 08008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: TRES (X) Change () Addition
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: SECT (X) Change () Addition
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: DIR (X) Change () Addition
Name: CONTE, TONIANN
Address: 2001 MITZI LANE
City-St-Zip: SANIBEL, FL 33957 US

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: TONIANN CONTE

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date