

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125680

Entity Name: ALAFAYA DENTAL CARE, P.A.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2984 ALAFAYA TRAIL SUITE 2030  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**  
2984 ALAFAYA TRAIL SUITE 2030  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-5821847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOAN, AUSTIN  
1037 CRYSTAL BAY LANE  
ORLANDO, FL 32828 US

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

HOAN, AUSTIN T DMD  
1037 CRYSTAL BAY LANE  
ORLANDO, FL 32828 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: AUSTIN T. HOAN

04/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HOAN, AUSTIN  
Address: 1037 CRYSTAL BAY LANE  
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete  
Name: HOAN, DENISSE  
Address: 1037 CRYSTAL BAY LANE  
City-St-Zip: ORLANDO, FL 32828

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HOAN, DENISSE A DMD  
Address: 1037 CRYSTAL BAY LANE  
City-St-Zip: ORLANDO, FL 32828

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: AUSTIN T. HOAN

PSTD

04/13/2009

Electronic Signature of Signing Officer or Director

Date