2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147296

Entity Name: DENTAL CENTER DEERWOOD, P.A.

FILED Apr 05, 2009 Secretary of State

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

7899 BAYMEADOWS WAY STE. 3 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

7899 BAYMEADOWS WAY
STE. 3
JACKSONVILLE, FL 32256

113 OLD PONTE VEDRA DR
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-5887787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PEPIS, RICK W
7899 BAYMEADOWS WAY
STE. 3
JACKSONVILLE, FL 32256 US

PEPIS, RICK W
113 OLD PONTE VEDRA DR
PONTE VEDRA BEACH, FL 32082 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: 04/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: PEPIS, RICK W Name: PEPIS, RICK W

Address: 7899 BAYMEADOWS WAY, STE. 3 Address: 113 OLD PONTE VEDRA DR
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: RICK W PEPIS DR 04/05/2009