2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P07000017222

Entity Name: HARMONY FACIAL AND DENTAL CENTER, INC.

Current Principal Place of Business:

2161 EAST COMMERCIAL BLVD.
FT. LAUDERRDALE, FL 33308 US

New Principal Place of Business:

1919 SW 9TH AVE
FT. LAUDERDALE, FL 33315 US

Current Mailing Address:

2161 EAST COMMERCIAL BLVD.
FT. LAUDERRDALE, FL 33308 US

New Mailing Address:

1919 SW 9TH AVE
FT. LAUDERDALE, FL 33315 US

FEI Number: 20-8427156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NADJA, NADJA A DR.
2161 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HORST, NADJA A DR.
1919 SW 9TH AVE
FORT LAUDERDALE, FL 33315 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: NADJA A. HORST 02/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: HORST, NADJA A
Address: 1919 SW 9TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: DR. ( ) Delete
Name: RUBIN, DAVID M
Address: 1919 SW 9TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33315 US

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: DAVID M. RUBIN DR. 02/12/2009
Electronic Signature of Signing Officer or Director Date