

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029760

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: AMANDO DENTAL CORPORATION

## Current Principal Place of Business:

4540 SOUTHSIDE BLVD  
SUITE 801  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

9995 GATE PARKWAY NORTH  
SUITE 310  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 20-8600559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NARDUCCI, NICHOLAS A  
9995 GATE PARKWAY NORTH  
SUITE 310  
JACKSONVILLE, FL 32246 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: P ( ) Delete  
Name: NARDUCCI, NICHOLAS A  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete  
Name: NARDUCCI, JESSICA R  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

Title: C (X) Delete  
Name: NARDUCCI, NICHOLAS A  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

Title: B (X) Delete  
Name: NARDUCCI, JESSICA R  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change ( ) Addition  
Name: NARDUCCI, NICHOLAS A  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DO (X) Change ( ) Addition  
Name: NARDUCCI, JESSICA R  
Address: 9995 GATE PARKWAY NORTH, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32246

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: NICHOLAS A NARDUCCI

DO

01/04/2008

Electronic Signature of Signing Officer or Director

Date