

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052498

Entity Name: W & B DENTISTRY, P.A.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1202 SE PORT ST LUCIE BLVD.
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1202 SE PORT ST LUCIE BLVD.
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 22-3963570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS M HICKEY
1010 SE KITCHING COVE LANE
PORT ST LUCIE, FL 34952 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: PT () Delete
Name: RANKIN, SEAN R
Address: 1202 SE PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VS () Delete
Name: HICKEY, THOMAS M
Address: 1010 SE KITCHING COVE LANE
City-St-Zip: PORT ST LUCIE, FL 34952

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: THOMAS M HICKEY

VS

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date