2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067120

City-St-Zip: GAINESVILLE, FL 32608

Entity Name: ORANGE BLOSSOM ENDODONTICS, P.A.

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11950 COUNTY ROAD 101 SUITE 204					
THE VILLAGES, FL 34484					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
11950 COUNTY ROAD 101 SUITE 204 THE VILLAGES, FL 34484					
		4			
FEI Numbe	er: 26-0474337	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
500 NE 8	i, JANET W ITH AVENUE FL 34470 US				
	e named entity s te of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICER	RS AND DIREC	rors:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PST () LOCHER-CLAU: 9348 SW 27TH		Title: Name: Address:	() Change () Addition	

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: MARIA LOCHER-CLAUS PRES 07/08/2008