2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P07000067120

Entity Name: ORANGE BLOSSOM ENDODONTICS, P.A.

Current Principal Place of Business:

11950 COUNTY ROAD 101
SUITE 204
THE VILLAGES, FL 34484

New Principal Place of Business:

Current Mailing Address:

11950 COUNTY ROAD 101
SUITE 204
THE VILLAGES, FL 34484

New Mailing Address:

2400 NW 10TH STREET
OCALA, FL 34475

FEI Number: 26-0474337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEHNKE, JANET W
500 NE 8TH AVENUE
OCALA, FL 34470 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: LOCHER-CLAUS, MARIA T
Address: 9348 SW 27TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA LOCHER-CLAUS PST 06/16/2009

Electronic Signature of Signing Officer or Director Date