

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072554

FILED
Apr 10, 2009
Secretary of State

Entity Name: FAMILY DENTIST OF PALM BEACH II, INC.

Current Principal Place of Business:

225 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

225 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 US

New Mailing Address:

4489 MARINERS COVE DR
WELLINGTON, FL 33449 US

FEI Number: 26-0406199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRIVOLU, NARENDRA
4489 MARINERS COVE DR
WELLINGTON, FL 33449 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: PTD () Delete
Name: SIRIVOLU, SUNITHA
Address: 225 SOUTH FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VPSD () Delete
Name: SIRIVOLU, NARENDRA
Address: 225 SOUTH FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460 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: NARENDRA SIRIVOLU

VP

04/10/2009

Electronic Signature of Signing Officer or Director

Date