

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074872

FILED
Apr 05, 2009
Secretary of State

Entity Name: ERICKA LOWE BENNETT, D.M.D., P.A.

Current Principal Place of Business:

2250 S BAY ST
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

2250 S BAY ST
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 26-0440914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE BENNETT, ERICKA DMD
134 WEKIVA POINTE CIR.
APOPKA, FL 32712 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: D () Delete
Name: LOWE BENNETT, ERICKA DMD
Address: 134 WEKIVA POINTE CIR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LOWE BENNETT, ERICKA DMD
Address: 134 WEKIVA POINTE CIR.
City-St-Zip: APOPKA, FL 32712

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: ERICKA BENNETT

DR.

04/05/2009

Electronic Signature of Signing Officer or Director

Date