

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089340

FILED
Apr 21, 2008
Secretary of State

Entity Name: ALACHUA FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

2441 WINCHESTER LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

Current Mailing Address:

2441 WINCHESTER LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

FEI Number: 87-0811809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOSLINGA, CODY S
2441 WINCHESTER LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

GOSLINGA, CODY S
16775 NW 165 LANE
ALACHUA, FL 32615 US

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: CODY S GOSLINGA

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOSLINGA, SHANE N
Address: 5929 NW 43RD AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: GOSLINGA, CODY S
Address: 2441 WINCHESTER LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOSLINGA, CODY S
Address: 16775 NW 165 LANE
City-St-Zip: ALACHUA, FL 32615

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: SHANE N GOSLINGA

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date