

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089340

FILED
Apr 03, 2009
Secretary of State

Entity Name: ALACHUA FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

14690 NW 151ST BLVD
SUITE 20
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 87-0811809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOSLINGA, CODY S
14278 NW 31ST AVE
GAINESVILLE, FL 32606 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 GOSLINGA

04/03/2009

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: 16775 NW 165 LANE
City-St-Zip: ALACHUA, FL 32615

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: SHANE GOSLINGA

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date