

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097997

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: FINE DENTISTRY OF DOWNTOWN ORLANDO, P.A.

## Current Principal Place of Business:

429 FERN CREEK AVENUE  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

TRIVEDI & ASSOC. FOR FINE DEN. ET. AL.  
37 N. ORANGE AVENUE, FIFTH FLOOR  
ORLANDO, FL 32801

## New Mailing Address:

FINE DENTISTRY OF DOWNTOWN ORLANDO  
429 N. FERNCREEK AVE  
ORLANDO, FL 32803

FEI Number: 26-0834365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRIVEDI & ASSOCIATES, P.L.  
37 NORTH ORANGE AVENUE  
FIFTH FLOOR  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

FINE DENTISTRY OF DOWNTOWN ORLANDO  
429 N. FERNCREEK AVE.  
ORLANDO, FL 32803 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: AILEEN TRIVEDI

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRIVEDI, AILEEN  
Address: 429 FERN CREEK AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: SEC ( ) Delete  
Name: ALVAREZ, JORGE-LUIS  
Address: 429 FERN CREEK AVENUE  
City-St-Zip: ORLANDO, FL 32803

## 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: DANIELL HEALEY

MS.

04/21/2009

Electronic Signature of Signing Officer or Director

Date