

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110582

Entity Name: FIDDLESTICKS DENTAL CARE, INC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

13650 FIDDLESTICKS BLVD., UNIT 200
FORT MYERS, FL 33912

New Principal Place of Business:

13650 FIDDLESTICKS BLVD., UNIT 200
200
FORT MYERS, FL 33912

Current Mailing Address:

13650 FIDDLESTICKS BLVD., UNIT 200
FORT MYERS, FL 33912

New Mailing Address:

13650 FIDDLESTICKS BLVD., UNIT 200
200
FORT MYERS, FL 33912

FEI Number: 11-3826875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADI, DEVKI
8817 WEST FOREST LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

ADI, DEVKI
6791 MOSSY GLEN DRIVE
FORT MYERS, FL 33908 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADI, DEVKI
Address: 8817 WEST FOREST LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ADI, ASHISH
Address: 8817 WEST FOREST LANE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADI, DEVKI
Address: 6791 MOSSY GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: ADI, ASHISH
Address: 6791 MOSSY GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: DEVKI ADI

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date