2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P08000010185

Entity Name: CENTRAL FLORIDA DENTAL SPA, PA

Current Principal Place of Business:

12424 INSIM LANE
LEESBURG, FL 34788

New Principal Place of Business:

600 N EUSTIS ST.
EUSTIS, FL 32726

Current Mailing Address:

12424 INSIM LANE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 35-2325048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIGNOL, FRANTZ
8136 CENTRALIA CT. SUITE # 103
LEESBURG, FL 34788 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/P ( ) Delete
Name: BRIGNOL, FRANTZ
Address: 12424 INSIM LANE
City-St-Zip: LEESBURG, FL 34788

Title: VP/T ( ) Delete
Name: BRIGNOL, FRANTZ
Address: 12424 INSIM LANE
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete
Name: BRIGNOL, FRANTZ
Address: 12424 INSIM LANE
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: FRANTZ BRIGNOL, DMD DR. 04/24/2009
Electronic Signature of Signing Officer or Director Date