2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017979

Entity Name: JACOB PEDRAZA, D.M.D., P.A.

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19211 ROBIN PERCH LANE 2638 NARNIA WAY **TAMPA, FL 33647**

SUITE 102

LAND O LAKES, FL 34638

Current Mailing Address: New Mailing Address:

19211 ROBIN PERCH LANE 2638 NARNIA WAY

TAMPA, FL 33647 SUITE 102

LAND O LAKES, FL 34638

FEI Number: 26-2047550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIMMER, BUREK & KEELAN, LLP 5601 MARÍNER STREET SUITE 200

TAMPA, FL 33609 US

PEDRAZA, CHRISTINA F SEC 19211 ROBIN PERCH LANE TAMPA, FL 33647

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: CHRISTINA PEDRAZA 06/17/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PEDRAZA, JACOB Name: Name: PEDRAZA, JACOB

19211 ROBIN PERCH LANE Address: 19211 ROBIN PERCH LANE Address: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: PEDRAZA, JACOB Name: PEDRAZA, CHRISTINA F

19211 ROBIN PERCH LANE 19211 ROBIN PERCH LANE Address: Address: TAMPA, FL 33647 TAMPA, FL 33647 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

PEDRAZA, JACOB Name: PEDRAZA, JACOB Name: 19211 ROBIN PERCH LANE 19211 ROBIN PERCH LANE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 US

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.

Ρ SIGNATURE: JACOB PEDRAZA 06/17/2009