

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022977

Entity Name: APEX DENTAL PA

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

11850 MLK ST. NORTH
13109
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

11850 MLK ST. NORTH
13109
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

1207 BRUCE B. DOWNS BLVD
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

1207 BRUCE B. DOWNS BLVD
WESLEY CHAPEL, FL 33543 US

FEI Number: 26-2090243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLAH, ALA A
11850 MLK ST. NORTH
13109
ST. PETERSBURG, FL 33716 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: P () Delete
Name: FALLAH, ALA A
Address: 11850 MLK ST. NORTH #13109
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FALLAH, ALA A
Address: 11850 MLK ST. NORTH #13109
City-St-Zip: ST. PETERSBURG, FL 33716 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.

SIGNATURE: A. ALLAN FALLAH

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

Date