## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039006

Entity Name: CAROLINA DENTURES OF THE VILLAGES, P.A.

FILED Mar 24, 2009 Secretary of State

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

8640 EAST COUNTY ROAD, 466 8640 EAST COUNTY ROAD, 466 THE VILLAGES, FL 32162

SUITE B

THE VILLAGES, FL 32162

**Current Mailing Address: New Mailing Address:** 

8640 EAST COUNTY ROAD, 466 8640 EAST COUNTY ROAD, 466 THE VILLAGES, FL 32162 SUITE B

THE VILLAGES, FL 32162

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

BENNETT, SCOT A 2751 SOUTH OCEAN DRIVE, 302S, HOLLYWOOD, FL 33019

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition GONZALEZ, REYNALDO F Name: Name: GONZALEZ, REYNALDO F

PO BOX 538 Address: 8640 E COUNTY ROAD 466 SUITE B Address:

City-St-Zip: DUNNELLON, FL 34430 City-St-Zip: THE VILLAGES, FL 32162

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: REYNALDO F. GONZALEZ OWNE 03/24/2009