

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039325

FILED  
Feb 22, 2010  
Secretary of State

Entity Name: KATSUR DENTAL OF ARIZONA, INC.

**Current Principal Place of Business:**

926 GREAT POND DRIVE  
2003  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

926 GREAT POND DRIVE  
2003  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

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

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

KATSUR, JAMES T  
926 GREAT POND DRIVE  
2003  
ALTAMONTE SPRINGS, FL 32714 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  
Name: KATSUR, JAMES T  
Address: 926 GREAT POND DRIVE, SUITE 2003  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: KATSUR, JAMES T  
Address: 926 GREAT POND DRIVE, SUITE 2003  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S  
Name: KATSUR, JAMES T  
Address: 926 GREAT POND DRIVE, SUITE 2003  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T  
Name: KATSUR, JAMES T  
Address: 926 GREAT POND DRIVE, SUITE 2003  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: JAMES T KATSUR

P

02/22/2010

Electronic Signature of Signing Officer or Director

Date