

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048524

FILED
Apr 16, 2009
Secretary of State

Entity Name: OLD TOWN DENTAL GROUP, PA

Current Principal Place of Business:

1215 SIMONTON STREET
KEY WEST, FL US

New Principal Place of Business:

Current Mailing Address:

1372 SW KNOLLWOOD DRIVE
PALM CITY, FL 34990 US

New Mailing Address:

1215 SIMONTON STREET
KEY WEST, FL US

FEI Number: 26-2853009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCHET, RANDALL M
6308 GRAND CYPRESS CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

LINDNER, GEORGE W
1215 SIMONTON ST.
KEY WEST, FL 33040 US

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: GEORGE W. LINDNER

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: LINDNER, GEORGE W
Address: 1372 SW KNOLLWOOD DRIVE
City-St-Zip: PALM CITY, FL 34990 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: LINDNER, GEORGE W
Address: 1215 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040 FL

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: GEORGE W. LINDNER

P.D

04/16/2009

Electronic Signature of Signing Officer or Director

Date