2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053124

FILED Apr 13, 2009 Secretary of State

Entity Name: ST JOHNS DENTAL CARE, P.A.	
Current Principal Place of Business:	New Principal Place of Business:
2225 A1A SOUTH, SUITE A3 ST. AUGUSTINE, FL 32080	
Current Mailing Address:	New Mailing Address:
2225 A1A SOUTH, SUITE A3 ST. AUGUSTINE, FL 32080	
FEI Number: 26-2857544 FEI Number Applied For() FEI N	lumber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LUDWIG & ASSOCIATES, P.A. 5150 BELFORT RD. S., #500 JACKSONVILLE, FL 32256 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:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: Title: () Delete (X) Change () Addition HUCKE, MICHELLE D HUCKE, MICHELLE D Name: Name: 2225 A1A SOUTH, SUITE A3 Address: 2225 A1A SOUTH, SUITE A3 Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080

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

MANTEI. KELLY L Name: Name:

Address: Address: 2225 A!A SOUTH, SUITE A3 ST. AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip:

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: MICHELLE D. HUCKE DP 04/13/2009