

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069912

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ROBERTO BELLEGARRIGUE DMD, P.A.

## Current Principal Place of Business:

311 S ARRAWANA AVE #1  
TAMPA, FL 33609

## New Principal Place of Business:

3331 W. BEARSS AVE  
TAMPA, FL 33618

## Current Mailing Address:

311 S ARRAWANA AVE #1  
TAMPA, FL 33609

## New Mailing Address:

311 S ARRAWANA AVE  
#1  
TAMPA, FL 33609

FEI Number: 26-3023363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELLEGARRIGUE DMD, ROBERTO  
311 S ARRAWANA AVE #1  
TAMPA, FL 33609 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: OWN ( ) Delete  
Name: BELLEGARRIGUE DMD, ROBERTO  
Address: 311 S ARRAWANA AVE #1  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERTO BELLEGARRIGUE

OWNE

01/16/2009

Electronic Signature of Signing Officer or Director

Date