2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070410

Address:

City-St-Zip:

SARASOTA, FL 34239

Entity Name: ARTISTIC DENTAL CONCEPTS, P.A.

Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1515 S. OSPREY AVENUE SARASOTA, FL 34239 **New Mailing Address: Current Mailing Address:** 1515 S OSPREY AVENUE 1515 S. OSPREY AVENUE SARASOTA, FL 34239 SARASOTA, FL 34239 FEI Number: 26-3065016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIMBROUGH & KOACH, LLP 1530 CROSS STREET SARASOTA, FL 34236-701 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: () Delete Title: () Change () Addition JENKINS, JAMES E Name: Name: 1515 S OSPREY AVENUE #A1 Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SCHEURER, MONICA L Name: 1515 S OSPREY AVENUE #A1 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.

Ρ SIGNATURE: JAMES E JENKINS, DMD 04/22/2009