

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076551

FILED
Apr 16, 2009
Secretary of State

Entity Name: FAU DENTAL, P.A.

Current Principal Place of Business:

11362 SAN JOSE BLVD.
STE. #7
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

11362 SAN JOSE BLVD.
STE. #7
JACKSONVILLE, FL 32223 US

New Mailing Address:

463 US HIGHWAY 41 BYPASS SOUTH
VENICE, FL 34285

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

Name and Address of Current Registered Agent:

ONEAL, ROCK
150 153RD AVE
#203
ST PETERSBURG, FL 33708 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: D,P () Delete
Name: GAUKHMAN, ALEXANDER A DMD
Address: 463 US HIGHWAY 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34285 US

Title: DST () Delete
Name: HARTMAN, JAYSON DMD
Address: 17622 CIRCLE PONT COURT
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEXANDER GAUKHMAN

D,P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date