2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P08000098226

Entity Name: SOUTHERN DENTAL SOLUTIONS, INC.

Current Principal Place of Business:

55 BOSTON LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

55 BOSTON LANE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 26-3693553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVY, CHRISTOPHER
55 BOSTON LANE
PALM COAST, FL 32137 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: PSTD ( ) Delete
Name: DAVY, CHRISTOPHER
Address: 55 BOSTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DAVY, CHRISTOPHER
Address: 55 BOSTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Change (X) Addition
Name: DAVY, KATHY
Address: 55 BOSTON LN
City-St-Zip: PALM COAST, FL 32137

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: CHRISTOPHER DAVY PRES 04/23/2009

Electronic Signature of Signing Officer or Director Date