# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000103352

Entity Name: LEMKE ORTHODONTICS, INC.

FILED Aug 27, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3975 S. ORANGE BLOSSOM TRAIL 3975 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839

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ORLANDO, FL 32839

**Current Mailing Address: New Mailing Address:** 

3975 S. ORANGE BLOSSOM TRAIL 3975 S. ORANGE BLOSSOM TRAIL

ORLANDO, FL 32839

FEI Number: 26-3749426 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:

SANTOS, ERNANDE SANTOS, ERNANDE

3975 S. ORANGE BLOSSOM TRAIL 3975 S. ORANGE BLOSSOM TRAIL ORLANDO, FL FL US ORLANDO, FL FL 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: 08/27/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

LEMKE, KATIA Name: Name: 3009 MARTA CIRCLE, APT. 304 Address: Address: City-St-Zip: ORLANDO, FL 34741 City-St-Zip:

Title: VΡ () Delete Title: () Change () Addition

Name: SANTOS, ERNANDE Name: 3009 MARTA CIRCLE, APT. 304 Address: Address: ORLANDO, FL 34741 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.

VΡ SIGNATURE: ERNANDE SANTOS 08/27/2009