

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104587

Entity Name: ODESSA DENTAL, INC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

950 SOUTH TAMIAMI TRAIL
SUITE 105
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

463 US HWY 41 BYPASS SOUTH
DR. GAUKHMAN
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-3794111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUKHMAN, ALEXANDR
463 US HWY 41 BYPASS SOUTH
VENICE, FL 34285 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: P () Delete
Name: GAUKHMAN, ALEXANDR DR
Address: 400 HANCHEY DRIVE
City-St-Zip: NAKOMIS, FL 34275

Title: VP () Delete
Name: BELMAN, MARAT
Address: 10 BROMLEY COURT
City-St-Zip: MORGANVILLE, NJ 07751

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: MARAT BELMAN

VP

03/05/2009

Electronic Signature of Signing Officer or Director

Date