

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000107897

FILED
Feb 24, 2009
Secretary of State**Entity Name:** RONALD H. COPENHAVER, D.M.D., P.A.**Current Principal Place of Business:**4338 FIRST STREET NORTH
SUITE C
ST. PETERSBURG, FL 33703**New Principal Place of Business:**4338 FIRST STREET NORTH
SUITE C
ST. PETERSBURG, FL 33703 US**Current Mailing Address:**4338 FIRST STREET NORTH
SUITE C
ST. PETERSBURG, FL 33703**New Mailing Address:**4338 FIRST STREET NORTH
SUITE C
ST. PETERSBURG, FL 33703 US**FEI Number:** 26-3859419**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPENHAVER, RONALD H DDS
Address: 4338 FIRST STREET NORTH, SUITE C
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D (X) Delete
Name: JOHNSON, ROBERT DMD
Address: 168 14TH STREET SW., SUITE B
City-St-Zip: LARGO, FL 33770

Title: D (X) Delete
Name: HORNER, JAMES DDS
Address: 168 14TH STREET SW., SUITE B
City-St-Zip: LARGO, FL 33770

Title: D (X) Delete
Name: JONES, GLEN DMD
Address: 168 14TH STREET SW., SUITE B
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COPENHAVER, RONALD H DDS
Address: 4338 FIRST STREET NORTH, SUITE C
City-St-Zip: ST. PETERSBURG, FL 33703 US

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

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: RONALD H. COPENHAVER, DDS

PSTD

02/24/2009

Electronic Signature of Signing Officer or Director

Date