

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002119

FILED
Jan 20, 2009
Secretary of State

Entity Name: GLORIA A. OSPINA, D.D.S., P.A.

Current Principal Place of Business:

147 ALHAMBRA CIRCLE
STE. 111
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

147 ALHAMBRA CIRCLE
STE. 111
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0379442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSPINA, GLORIA A DDS
147 ALHAMBRA CIRCLE
STE. 111
CORAL GABLES, FL 33134 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: PVP () Delete
Name: OSPINA, GLORIA A OWNER
Address: 147 ALHAMBRA CIRCLE, STE. 111
City-St-Zip: CORAL GALBLES, FL 33134 US

Title: RDH () Delete
Name: BUSTILLOS, CLAUDIA OM
Address: 147 ALHAMBRA CIRCLE, SUITE 111
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OM (X) Change () Addition
Name: BUSTILLOS, CLAUDIA OM
Address: 147 ALHAMBRA CIRCLE, SUITE 111
City-St-Zip: CORAL GABLES, FL 33134 US

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: CLAUDIA BUSTILLOS

OM

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date