

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059561

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** ALLEN B. KONIS, D.D.S., P.A.

**Current Principal Place of Business:**

6018 SW 18TH STREET  
SUITE C5  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

6018 SW 18TH STREET  
SUITE C5  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 65-0432079      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KONIS, ALLEN B D.D.S  
5018 SW 18TH STREET, SUITE C5  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

KONIS, ALLEN B D.D.S  
6018 SW 18TH STREET, SUITE C5  
BOCA RATON, FL 33433 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: \_\_\_\_\_ 01/08/2008  
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: KONIS, ALLEN B  
Address: 911 NW 114TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DR. ALLEN KONIS PRES 01/08/2008  
Electronic Signature of Signing Officer or Director Date