

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059561

FILED
Jan 07, 2009
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
6018 SW 18TH STREET, SUITE C5
BOCA RATON, FL 33433 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: 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: DR (X) Change () Addition
Name: KONIS, ALLEN B
Address: 12443 NW 63RD STREET
City-St-Zip: CORAL SPRINGS, FL 33076

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: ALLEN B. KONIS, DDS

OWNE

01/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date