

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081682

FILED
Mar 16, 2009
Secretary of State

Entity Name: RICHARD D. SALZMANN, D.M.D., P.A.

Current Principal Place of Business:

3157 NORTH UNIVERSITY DRIVE
SUITE 100
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

3157 NORTH UNIVERSITY DRIVE
SUITE 100
PEMBROKE PINES, FL 33026 US

New Mailing Address:

3157 NORTH UNIVERSITY DRIVE
SUITE 100
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0454026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMANN, RICHARD D
3157 N UNIVERSITY DR
SUITE 1
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SALZMANN, RICHARD D
3157 N UNIVERSITY DR
SUITE 100
PEMBROKE PINES, FL 33024 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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALZMANN, RICHARD D
Address: 10470 BUENOS AIRES ST
City-St-Zip: COOPER CITY, FL 33026

Title: T () Delete
Name: SALZMANN, MARTHA
Address: 10470 BUENOS AIRES ST
City-St-Zip: HOLLYWOOD, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALZMANN, RICHARD D
Address: 10470 BUENOS AIRES ST
City-St-Zip: COOPER CITY, FL 33026 US

Title: T (X) Change () Addition
Name: SALZMANN, MARTHA
Address: 10470 BUENOS AIRES ST
City-St-Zip: COOPER CITY, FL 33026 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: MARTHA SALZMANN

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date