2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P93000085931

Entity Name: JEAN PIERRE PONTIER, D.M.D., P.A.

Current Principal Place of Business:

667 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

667 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3211972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONTIER, JEAN P
667 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

PONTIER, JEAN PIERRE
667 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 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: SYLVIANE BARTON PONTIER 03/11/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: PONTIER, JEAN P
Address: 667 OCEAN SHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: PONTIER, JEAN PIERRE
Address: 667 OCEAN SHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

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: SYLVIANE BARTON PONTIER O.D 03/11/2009
Electronic Signature of Signing Officer or Director Date