

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086826

FILED
Apr 21, 2009
Secretary of State

Entity Name: BETTY GOTTFRIED, D.D.S., P.A.

Current Principal Place of Business:

1946 WILTON DR
FT. LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1946 WILTON DR
FT. LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: 65-0467796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTFRIED, BETTY
997 BLUEWOOD TERRACE
WESTON, FL 33327 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: D () Delete
Name: GOTTFRIED, BETTY
Address: 997 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOTTFRIED, BETTY
Address: 1946 WILTON DR
City-St-Zip: WILTON MANORS, FL 33305

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: BETTY GOTTFRIED

DR.

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date