2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039942

Entity Name: DENNIS T. ALTER, M.D., P.A.

FILED Apr 09, 2008 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

9 PINE CONE DRIVE 21 HOSPITAL DRIVE SUITE 104A SUITE 110 PALM COAST, FL 32137 PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

9 PINE CONE DRIVE 21 HOSPITAL DRIVE SUITE 104A SUITE 110 PALM COAST, FL 32137 PALM COAST, FL 32164

FEI Number: 59-3245932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALTER, DENNIS T 6 INDIAN MOUND COURT FLAGLER BEACH, FL 32136 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DR. (X) Change () Addition
Name: ALTER, DENNIS T Name: ALTER, DENNIS T

Address: 6 INDIAN MOUND COURT

Address: 6 INDIAN MOUND COURT Address: 6 INDIAN MOUND COURT
City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: FLAGLER BEACH, FL 32136

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: DENNIS T. ALTER OWNE 04/09/2008