

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035810

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** THOMAS JESON, DDS, P.A.

**Current Principal Place of Business:**

3000 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

3000 E COMMERCIAL BLVD  
SUITE B  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

3000 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

3000 E COMMERCIAL BLVD  
SUITE B  
FT LAUDERDALE, FL 33308

**FEI Number:** 65-0573301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JESON, THOMAS  
3000 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33308 US

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

JESON, THOMAS  
3000 E COMMERCIAL BLVD  
SUITE B  
FT LAUDERDALE, FL 33308 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: THOMAS JESON

04/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: JESON, THOMAS  
Address: 3000 E COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DDS (X) Change ( ) Addition  
Name: JESON, THOMAS  
Address: 3000 E COMMERCIAL BLVD - SUITE B  
City-St-Zip: FT LAUDERDALE, FL 33308

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: THOMAS JESON

DDS

04/16/2009

Electronic Signature of Signing Officer or Director

Date