

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2010
Secretary of State

Entity Name: POMPANO DENTAL CLINIC, P.A.

Current Principal Place of Business:

2716 W ATLANTIC BLVD
POMPANO, FL 33069

New Principal Place of Business:

Current Mailing Address:

2716 W ATLANTIC BLVD
POMPANO, FL 33069

New Mailing Address:

FEI Number: 65-0602174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIBBERT, CONRAD
2716 W ATLANTIC BLVD
POMPANO, FL 33069 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: DR
Name: HIBBERT, CONRAD V DMD
Address: 2716 W ATLANTIC BLVD
City-St-Zip: POMPANO, FL 33069

Title: DR
Name: SIMMONDS, SHIRLEY F DMD
Address: 2716 W ATLANTIC BLVD
City-St-Zip: POMPANO, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: CONRAD HIBBERT, DMD

DMD

04/05/2010

Electronic Signature of Signing Officer or Director

Date