

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096138

Entity Name: D.D.S., INC. OF PORT CHARLOTTE

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

1700 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

## Current Mailing Address:

1700 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

FEI Number: 65-0621063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTRONOVA, SANDRA  
1611 RED OAK LN  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

BAYAR, ALLISON L  
344 TORRINGTON ST  
PORT CHARLOTTE, FL 33954 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: ALLISON L BAYAR

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: BAYAR, ALLISON  
Address: 344 TORRINGTON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: PDT ( ) Delete  
Name: CASTRONOVA, SANDRA  
Address: 1611 RED OAK LN  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BAYAR, ALLISON  
Address: 344 TORRINGTON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP (X) Change ( ) Addition  
Name: BAYAR, RECEP CAN  
Address: 344 TORRINGTON ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

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: ALLISON L BAYAR

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date