

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022854

FILED
Apr 26, 2009
Secretary of State

Entity Name: LITOWITZ, ORTHODONTIST, D.M.D., P.A.

Current Principal Place of Business:

6110 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

6110 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3379309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITOWITZ, ARTHUR N
6110 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

LITOWITZ, ARTHUR N
5300 S ATLANTIC AVE
#5601
NEW SMYRNA BEACH, FL 32169 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LITOWITZ, ARTHUR N DR.
Address: 6110 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: KIMBL, KIT
Address: 6110 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LITOWITZ, ARTHUR N DR.
Address: 5300 S ATLANTIC AVE 5601
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change () Addition
Name: KIMBL, KIT
Address: 5300 S ATLANTIC AVE 5601
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ARTHUR N. LITOWITZ, D.M.D.

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date