

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042068

FILED
Apr 15, 2009
Secretary of State

Entity Name: CALLIS ORTHODONTIC SERVICES, INC.

Current Principal Place of Business:

1101 SUN CENTURY RD
UNIT G
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1101 SUN CENTURY RD
UNIT G
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0662473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CALLIS, ANDREW L
9943 BOCA CIR
NAPLES, FL 34109 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: DO () Delete
Name: CALLIS, ANDREW L
Address: 11101 SUN CENTURY RD, UNIT G
City-St-Zip: NAPLES, FL 34110

Title: O () Delete
Name: CALLIS, LINDA
Address: 1101 SUN CENTURY RD, UNIT G
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA S CALLIS

O

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date