

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078123

FILED
Jan 23, 2009
Secretary of State

Entity Name: PINE PLAZA DENTAL CARE, INC.

Current Principal Place of Business:

12435 COLLIER BLVD
UNIT 105
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

12435 COLLIER BLVD
UNIT 105
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-3403851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDORI, FRANKLIN DDS
4560 15TH AVENUE SW
NAPLES, FL 34116 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: D () Delete
Name: CONDORI, FRANKLIN DDS
Address: 4560 15TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: CONDORI, HAYDEE DDS
Address: 4560 15TH AVE SW
City-St-Zip: NAPLES, FL 34116

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: FRANKLIN CONDORI

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date