2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P96000104319

Entity Name: L.N. KAVOUKLIS, D.M.D., P.A.

Current Principal Place of Business:

5537 SHELDON ROAD
SUITE AA
TAMPA, FL 33615

New Principal Place of Business:

6421 SHELDON ROAD
TAMPA, FL 33615

Current Mailing Address:

5537 SHELDON ROAD
SUITE AA
TAMPA, FL 33615

New Mailing Address:

6421 SHELDON ROAD
TAMPA, FL 33615

FEI Number: 59-3416509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAVOUKLIS, L N
5537 SHELDON ROAD
SUITE AA
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

KAVOUKLIS, LAZ N DR
6421 SHELDON ROAD
TAMPA, FL 33615 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: L. N. KAVOUKLIS 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: KAVOUKLIS, L N
Address: 5537 SHELDON ROAD SUITE AA
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: KAVOUKLIS, L N
Address: 6421 SHELDON ROAD
City-St-Zip: TAMPA, FL 33615

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: L. N. KAVOUKLIS DR 04/24/2009
Electronic Signature of Signing Officer or Director Date