

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043459

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: J. "RUSTY" WADSWORTH, JR., D.M.D., P.A.

## Current Principal Place of Business:

3200 SOUTHWEST 34TH AVENUE  
SUITE 401  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

3200 SOUTHWEST 34TH AVENUE  
SUITE 401  
OCALA, FL 34474

## New Mailing Address:

P.O. BOX 3817  
BELLEVIEW, FL 34421

FEI Number: 59-3447642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WADSWORTH, JOEL R P  
3200 SOUTHWEST 34TH AVENUE  
SUITE 401  
OCALA, FL 34474 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: P ( ) Delete  
Name: WADSWORTH, JOEL R P  
Address: 13065 SE 118TH AVE RD  
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP ( ) Delete  
Name: WADSWORTH, LISA ELY  
Address: 13065 SE 118TH AVE RD  
City-St-Zip: OCKLAWAHA, FL 32179

## 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: JOEL R. WADSWORTH JR. DMD

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date