

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071461

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRADY'S FAMILY DENTISTRY OF PLANTATION, INC.

Current Principal Place of Business:

4330 W BROWARD BLVD
PLANTATION, FL 33317

New Principal Place of Business:

4330 W BROWARD BLVD
SUITE T
PLANTATION, FL 33317

Current Mailing Address:

4330 W BROWARD BLVD
PLANTATION, FL 33317

New Mailing Address:

4330 W BROWARD BLVD
SUITE T
PLANTATION, FL 33317

FEI Number: 65-0821596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, MICHAEL DDS
4350 W BROWARD BLVD STE T
PLANTATION, FL 33317 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: BRADY, MICHAEL DDS
Address: 5801 SW 57TH PL
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRADY, MICHAEL DDS
Address: 5801 SW 57TH PL
City-St-Zip: DAVIE, FL 33314

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: MICHAEL BRADY DDS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date