

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099145

FILED
Apr 14, 2009
Secretary of State

Entity Name: DELRAY WEST DENTAL ASSOCIATES, PA

Current Principal Place of Business:

15127 JOG RD
SUITE 104
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

15127 JOG RD
STE 104
DELRAY BEACH, FL 33446

New Mailing Address:

15127 JOG RD
SUITE 104
DELRAY BEACH, FL 33446 US

FEI Number: 65-0802864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, STANLEY E DDS
240 WEST PALMETTO PARK ROAD
STE 120
BOCA RATON, FL 33432 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: ROSS, STANLEY E
Address: 240 WEST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: STILLMAN, LESLIE
Address: 240 WEST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

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: LESLIE E. STILLMAN

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date