2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104541

2306 WINDJAMMER LN.

ST. AUGUSTINE, FL 32084 US

Address:

City-St-Zip:

Entity Name: ST. JOHNS FAMILY DENTISTRY, P.A.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2225 SR A1A S STE A3 ST AUGUSTINE, FL 32080 US **New Mailing Address: Current Mailing Address:** 2225 SR A1A S SUITE A3 SAINT AUGUSTINE, FL 32080 US FEI Number: 59-3485077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUDWIG & ASSOCIATES, P.A. 5150 BELFORT RD. S. #500 JACKSONVILLE, FL 32256 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HUCKE, RONALD D Name: Name: 2306 WINDJAMMER LN. Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: HUCKE, MICHELLE D 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: RONALD D. HUCKE DP 04/13/2009