2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P98000017108

Entity Name: DAVID W. ROWE, D.M.D.,P.A.

Current Principal Place of Business:

17840 TOLEDO BLADE BLVD.
SUITE A
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

17840 TOLEDO BLADE BLVD.
SUITE A
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0816788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX ACCOUNTING & FINANCIAL ASSOCIATES
809 WALKERBILT RD. #5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

CHARLES ABLES MASSIE, CPA
15671 SAN CARLOS BLVD.
SUITE 201
NAPLES, FL 33908 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: CHARLES ABLES MASSIE, CPA 03/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DMD ( ) Delete
Name: ROWE, DAVID W
Address: 3469 CARMICHAEL DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID W. ROWE DMD 03/04/2009
Electronic Signature of Signing Officer or Director Date