

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039996

FILED
Jun 24, 2009
Secretary of State

Entity Name: CHARLOTTE DENTAL ASSOCIATION, P.A.

Current Principal Place of Business:

19240 QUESADA AVE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19240 QUESADA AVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0916232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33746 US

Name and Address of New Registered Agent:

JOHN L. WATTERS, II
19240 QUESADA AVE
PORT CHARLOTTE, FL 33948 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: JOHN L. WATTERS, II

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATTERS, JOHN D.M.D.
Address: 19240 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: BENDER, JOSEPH D.M.D.
Address: 19240 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATTERS, JOHN L D.M.D.
Address: 19240 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Change () Addition
Name: BENDER, JOSEPH C D.M.D.
Address: 19240 QUESADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: JOHN L. WATTERS, II

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date