

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055741

FILED
Jun 25, 2009
Secretary of State

Entity Name: TORRENS DENTAL CARE, P.A.

Current Principal Place of Business:

10681 AIRPORT PULLING RD. N
STE. 17
NAPLES, FL 34109

New Principal Place of Business:

1890 SW HEALTH PARKWAY
SUITE 302
NAPLES, FL 34109

Current Mailing Address:

11246 PHOENIX WAY.
NAPLES, FL 34119

New Mailing Address:

1890 SW HEALTH PARKWAY
SUITE 302
NAPLES, FL 34109

FEI Number: 65-0935793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENS, WOLFRED
11246 PHOENIX WAY.
NAPLES, FL 34119 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

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: TORRENS, WOLFRED
Address: 11246 PHONEIX WAY
City-St-Zip: NAPLES, FL 34119

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: WOLFRED TORRENS

D

06/25/2009

Electronic Signature of Signing Officer or Director

Date