## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059483

Entity Name: A.J. TONY SCIALFA, D.D.S., P.A.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1872 TAMIAMI TRAIL SOUTH, SUITE C 1872 TAMIAMI TRAIL SOUTH, VENICE, FL 34293

SUITE C

VENICE, FL 34293

**Current Mailing Address: New Mailing Address:** 

1872 TAMIAMI TRAIL SOUTH, SUITE C 1872 TAMIAMI TRAIL SOUTH, VENICE, FL 34293

SUITE C

VENICE, FL 34293

FEI Number: 65-0930861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M SCIALFA, TONY AJ 720 SOUTH ORAGNE AVENUE 1872 TAMIAMI TRAIL STE C SARASOTA, FL 34236 US VENICE, FL 34293

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: AJ TONY SCIALFA 04/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: () Change () Addition

SCIALFA, TONY AJ Name: Name: 1872 TAMIAMI TRAIL STE C Address: Address: City-St-Zip: VENICE, FL 34293 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: AJ TONY SCIALFA **PSTD** 04/24/2009