

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069118

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: COMPASSIONATE DENTISTRY INCORPORATED

**Current Principal Place of Business:**

8878 N.W. 7TH AVENUE  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

8878 N.W. 7TH AVENUE  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 65-0505943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOWNSEND, LINWOOD  
1285 N.E. 148 STREET  
N. MIAMI BEACH, FL 33161 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COMPASSIONATE DONTISTY INC  
Address: 1285 NE 148 ST  
City-St-Zip: MIAMI, FL 33161

**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: LINWOOD TOWNSEND

PRES

01/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date