

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090318

FILED
Feb 05, 2009
Secretary of State

Entity Name: JONATHAN TUMAN, D.D.S., P.A.

Current Principal Place of Business:

1111 KANE CONCOURSE (96TH ST), STE 515
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE (96TH ST), STE 515
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 65-0962068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUMAN, JONATHAN DDS
1111 KANE CONCOURSE (96TH ST), STE 515
BAY HARBOR ISLANDS, FL 33154 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: TUMAN, JOHNATNAN DDS
Address: 1111 96TH STE 515
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: JONATHAN TUMAN

DR.

02/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date