

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093942

FILED
Feb 15, 2009
Secretary of State

Entity Name: ALBERT B. BOHOLST, D.M.D., P.A.

Current Principal Place of Business:

5802 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

27510 CASHFORD CIRCLE
WESLEY CHAPEL, FL 33544

Current Mailing Address:

5802 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

27510 CASHFORD CIRCLE
WESLEY CHAPEL, FL 33544

FEI Number: 59-3604622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHOLST, ALBERT B
5802 NORTH 22ND STREET
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

BOHOLST, ALBERT B
27510 CASHFORD CIRCLE
WESLEY CHAPEL, FL 33544 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: ALBERT B. BOHOLST

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BOHOLST, ALBERT B DMD
Address: 5802 NORTH 22ND STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BOHOLST, ALBERT B DMD
Address: 27510 CASHFORD CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: ALBERT B. BOHOLST

PSDT

02/15/2009

Electronic Signature of Signing Officer or Director

Date