

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108558

Entity Name: JONES DENTAL, INC.

FILED
May 09, 2009
Secretary of State

Current Principal Place of Business:

6300 W. ATLANTIC BLVD
MARGATE, FL 330635131

New Principal Place of Business:

Current Mailing Address:

6300 W. ATLANTIC BLVD
MARGATE, FL 330635131

New Mailing Address:

FEI Number: 65-0980524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, IAN C
6300 W. ATLANTIC BLVD
MARGATE, FL 330635131 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: PD () Delete
Name: JONES, IAN C
Address: 6300 WEST ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD () Change (X) Addition
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD () Change (X) Addition
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD () Change (X) Addition
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: PD () Change (X) Addition
Name: JONES, IAN C PD
Address: 10898 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

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: IAN C JONES

PD

05/09/2009

Electronic Signature of Signing Officer or Director

Date