

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111236

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: MADISON DENTAL ASSOCIATES, P.A.

## Current Principal Place of Business:

300 SW PINCKNEY  
MADISON, FL 32340

## New Principal Place of Business:

189 SW CAPTAIN BROWN RD  
MADISON, FL 32340

## Current Mailing Address:

300 SW PINCKNEY  
MADISON, FL 32340

## New Mailing Address:

189 SW CAPTAIN BROWN RD  
MADISON, FL 32340

FEI Number: 59-3620272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, CLINT A  
300 SW PINCKNEY  
MADISON, FL 32340 US

## Name and Address of New Registered Agent:

ROGERS, CLINT A  
189 SW CAPTAIN BROWN RD  
MADISON, FL 32340 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:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROGERS, CLINT A  
Address: 300 SW PINCKNEY  
City-St-Zip: MADISON, FL 32340

Title: V ( ) Delete  
Name: BALDWIN, ROBERT E  
Address: 300 SW PINCKNEY  
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete  
Name: ROGERS, CATHERINE  
Address: 300 SW PINCKNEY  
City-St-Zip: MADISON, FL 32340

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ROGERS, CLINT A  
Address: 189 SW CAPTAIN BROWN RD  
City-St-Zip: MADISON, FL 32340

Title: V (X) Change ( ) Addition  
Name: BALDWIN, ROBERT E  
Address: 189 CAPTAIN BROWN RD  
City-St-Zip: MADISON, FL 32340

Title: S (X) Change ( ) Addition  
Name: ROGERS, CATHERINE  
Address: 189 SW CAPTAIN BROWN RD  
City-St-Zip: MADISON, FL 32340

Title: V ( ) Change (X) Addition  
Name: ALLEN, MATT  
Address: 189 SW CAPTAIN BROWN RD  
City-St-Zip: MADISON, FL 32340

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: CLINT A. ROGERS

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date