

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00885

FILED
Mar 25, 2009
Secretary of State

Entity Name: JOHN T. BAILEY, DMD, P.A.

Current Principal Place of Business:

917 S WICKHAM RD
MELBOURNE, FL 32904

New Principal Place of Business:

917 S WICKHAM RD
WEST MELBOURNE, FL 32904

Current Mailing Address:

917 S WICKHAM RD
MELBOURNE, FL 32904

New Mailing Address:

917 S WICKHAM RD
WEST MELBOURNE, FL 32904

FEI Number: 59-3034739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, JOHN T
917 S WICKHAM RD
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

BAILEY, JOHN T
917 S WICKHAM RD
WEST MELBOURNE, FL 32904 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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BAILEY, JOHN T,
Address: 917 S WICKHAM RD
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: BAILEY, JOHN T,
Address: 917 S WICKHAM RD
City-St-Zip: WEST MELBOURNE, FL 32904

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: JOHN T BAILEY DMD

DR

03/25/2009

Electronic Signature of Signing Officer or Director

Date