

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12251

FILED
Jan 19, 2009
Secretary of State

Entity Name: ATLANTIC FLORIDA DENTAL, INC.

Current Principal Place of Business:

250 E. DANIA BEACH BLVD.
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

250 E. DANIA BEACH BLVD.
DANIA BEACH, FL 33004 US

New Mailing Address:

FEI Number: 65-0233627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, ARCHIE J III
700 EAST DANIA BEACH BLVD.
THIRD FLOOR
DANIA BEACH, FL 33004 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: SCHOPLER, THOMAS DR
Address: 250 E. DANIA BEACH BLVD.
City-St-Zip: DANIA BEACH, FL 33004

Title: S () Delete
Name: SCHOPLER, THERESA
Address: 118 N. NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. THOMAS SCHOPLER

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date