

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36850

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MICHAEL F. AGNINI, D.D.S., INC.

## Current Principal Place of Business:

2304 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

## New Principal Place of Business:

1805 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

## Current Mailing Address:

2304 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

## New Mailing Address:

1805 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

FEI Number: 59-3051229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AGNINI, MICHAEL F.  
2304 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## Name and Address of New Registered Agent:

AGNINI, MICHAEL F D.D.S.  
1805 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 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: MICHAEL F. AGNINI, D.D.S.

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AGNINI, MICHAEL F DDS  
Address: 418 NORTH ROAD  
City-St-Zip: LAKELAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL F. AGNINI, D.D.S.

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date