

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37725

FILED  
Jan 12, 2010  
Secretary of State

Entity Name: JONATHAN W. PREBLE, D.M.D., P.A.

**Current Principal Place of Business:**

% JONATHAN W. PREBLE, D.M.D., P.A.  
499 E. CENTRAL PKWY. #200  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

% JONATHAN W. PREBLE, D.M.D., P.A.  
499 E. CENTRAL PKWY. #200  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 59-3054140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PREBLE, JONATHAN W., DR.  
499 E. CENTRAL PKWY.  
SUITE 200  
ALTAMONTE SPRINGS, FL 32701 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: D  
Name: PREBLE, JONATHAN W., DR.  
Address: 499 E. CENTRAL PKWY. #200  
City-St-Zip: ALTAMONTE SPGS., FL 32701

I hereby 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 all other like empowered.

SIGNATURE: DR. JONATHAN W. PREBLE

D

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date