

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52237

FILED
Mar 06, 2009
Secretary of State

Entity Name: THOMAS WARD D.M.D. P.A.

Current Principal Place of Business:

848 BRICKELL AVENUE
SUITE 1020
MIAMI, FL 33131 US

New Principal Place of Business:

655 S W 20 ROAD
SUITE 1020
MIAMI, FL 33129 US

Current Mailing Address:

848 BRICKELL AVE
1020
MIAMI, FL 33131 US

New Mailing Address:

655 S W 20 ROAD
SUITE 1020
MIAMI, FL 33129 US

FEI Number: 65-0261061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, THOMAS DMD
848 BRICKELL AVE #1020
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

WARD, THOMAS DMD
655 S W 20 ROAD
MIAMI, FL 33129S 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:

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, THOMAS DMD,
Address: 655 SW 20 RD
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: UTSET-WARD, LUISA
Address: 655 SW 20 RD
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: UTSET, LUISA M
Address: 471 SW 25 RD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUISA M. UTSET

ST

03/06/2009

Electronic Signature of Signing Officer or Director

Date