## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91999

FILED Apr 03, 2009 Secretary of State

Entity Name: DRS. ANGEL, MORALES, KALTER, RAMOS-SANTOS AND FONTENOT, M.D.S, P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13601 BRL	JCE B DOWNS	S BLVD			
250 TAMPA, FL	_ 33613 US	3			
Current Mailing Address:			New Mailing Addres	ss:	
13601 RDI	JCE B DOWNS	S RI VD	-		
250					
TAMPA, FL FEI Number:		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
		current Registered Agent:		of New Registered Agent:	
ANGEL, JE		urrent Registered Agent.	Name and Address	or New Registered Agent.	
	JCE B DOWNS				
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () ANGEL, JEFFR 16211 TALAVEF TAMPA, FL 336	RA DE AVILA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MORALES, WA 6415 MACLURII TAMPA, FL 336	N DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () KALTER, CRAIC 6431 RENWICK TAMPA, FL 336	CCIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RAMOS-SANTO 17102 BOYSCO ODESSA, FL 3	DUT RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FONTENOT, MI 17807 ARBOR I TAMPA, FL 336	HAVEN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JEFFREY L. ANGEL PD 04/03/2009