

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59378

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE TMJ AND FACIAL PAIN CENTER, P.A.

Current Principal Place of Business:

5454 CENTRAL AVE
STE C
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

5454 CENTRAL AVE
STE C
ST. PETERSBURG, FL 33707 US

New Mailing Address:

FEI Number: 59-3142751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MELVIN H
5454 CENTRAL AVE STE C
SUITE G1
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

COHEN, MELVIN H
5454 CENTRAL AVE STE C
ST PETERSBURG, FL 33707 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:

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINOCCHI, RICHARD J. DDS
Address: 5454 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL

Title: STD () Delete
Name: COHEN, MELVIN H. D.D.S.
Address: 5454 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FINOCCHI, RICHARD J. DDS
Address: 5454 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33707

Title: STD (X) Change () Addition
Name: COHEN, MELVIN H. D.D.S.
Address: 5454 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 333707

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: RICHARD J. FINOCCHI

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date