

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099857

FILED
Apr 29, 2009
Secretary of State

Entity Name: KELLIE PAXTON, D.M.D., M.S., P.A.

Current Principal Place of Business:

2711 EXECUTIVE PARK DR.
SUITE 1
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

4040 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019 US

New Mailing Address:

2711 EXECUTIVE PARK DR.
SUITE 1
WESTON, FL 33331 US

FEI Number: 26-3672578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAXTON, KELLIE DMD MS
4040 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019 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: P () Delete
Name: PAXTON, KELLIE DMD MS
Address: 4040 NORTH OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

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: KELLIE PAXTON, D.M.D., M.S.,

P

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date