

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099857

FILED  
Feb 18, 2010  
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:**

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

**New Mailing Address:**

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:**

PAXTON, KELLIE DMD MS  
4200 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019 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: \_\_\_\_\_ 02/18/2010  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAXTON, KELLIE DMD MS  
Address: 4200 NORTH OCEAN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019 US

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: KELLIE PAXTON      P      02/18/2010  
Electronic Signature of Signing Officer or Director      Date