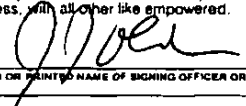


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90082 037 ***150.00

DOCUMENT # 483568		
1. Entity Name OLDER & SLONIM, M.D.S., P.A.		
Principal Place of Business 4444 E FLETCHER AVE STE D TAMPA, FL 33613		Mailing Address 4444 E FLETCHER AVE STE D TAMPA, FL 33613
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OLDER, JAY JUSTIN M.D. 4444 E FLETCHER AVE STE D TAMPA, FL 33613		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLDER, JAY J 4444 E FLETCHER AVE STE D TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SLONIM, CHARLES B M.D. 4444 E FLETCHER AVE STE D TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1619682	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**

2/15/07 (813) 971-3846