


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

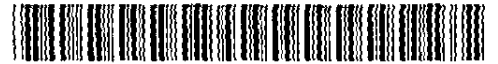
**DOCUMENT # 604041**

1. Entity Name  
 ROBERT D. HELMHOLDT, D.D.S., P.A.



Principal Place of Business 1700 NE 26TH STREET FT. LAUDERDALE, FL	Mailing Address 1700 NE 26TH STREET FT. LAUDERDALE, FL
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**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1439043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HELMHOLDT, ROBERT D.  
 1700 NE 26TH STREET  
 FT. LAUDERDALE, FL 33305

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-stating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	VD MACK, M. ROBERT 2300 E. LAS OLAS BLVD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LASALLE, THOMAS 75 NE 6TH AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HELMHOLDT, ROBERT D. 1700 NE 26TH ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/29/06-80051-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Robert D. Helmholt* ROBERT D. HELMHOLDT **4-10-06** 954-563-5861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #