

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G48162



Entity Name
JOHN G. SALATINO, D.D.S., P.A.

Principal Place of Business
**160 SE 6 AVENUE
C/O JOHN G. SALATINO
DELRAY BEACH, FL 33483**

Mailing Address
**160 SE 6 AVENUE
C/O JOHN G. SALATINO
DELRAY BEACH, FL 33483**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2330123** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALATINO, JOHN G.
100 S FEDERAL HWY
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

110000333226

01/30/06 00075 010 150.00

**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

OFFICERS AND DIRECTORS

NAME	PVD SALATINO, JOHN G.
DIRECT ADDRESS	4452 ST. ANDREWS DR.
CITY-ST-ZIP	BOYNTON BEACH, FL
NAME	ST SALATINO, JOHN G.
DIRECT ADDRESS	4452 ST. ANDREWS DR.
CITY-ST-ZIP	BOYNTON BCH, FL
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John G. Salatino* **John G. Salatino** 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #