2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K17900

1. Entity Name
MEADOWS DENTAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4987 RINGWOOD MEADOW SARASOTA, FL 34235 US	4987 RINGWOOD MEADOW SARASOTA, FL 34235 US

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0035352-	·	Not Applicable

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

6. Name and Address of Current Registered Agent

RIES, MIKE
4837 SWIFT ROAD #210
SARASOTA, FL 34231

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing ☐
Trust Fund Contribution.
$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	PORTER, MARY I. DMD
STREET ADDRESS	4987 RINGWOOD MEADOW
CITY-ST-ZIP	SARASOTA, FL 34235

TITLE	P
NAME	MCCABE D.M.D, TODD W
STREET ADDRESS	4987 RINGWOOD MEADOW
CITY-ST-ZIP	SARASOTA, FL 34235

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	

U00000795738
01/29/08-80004-004 150.00

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: _____   1-14-08   941-37, 2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #