## 2007 FOR PROFIT CORPORATION

## Aug 31, 2007 8:00 am Secretary of State ANNUAL REPORT 08-31-2007 90001 041 \*\*\*150.00 DOCUMENT # P06000024841 1. Entity Name ERNEST BLAKE, JR., DDS, P.A. Principal Place of Business Mailing Address 3106 BAYSHORE OAKS DRIVE 3106 BAYSHORE OAKS DRIVE TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3106 BAYSHORE DAKS OR. 3106 BATS WELL ONKS DE. Suite, Apt. #, etc. Suite, Apt #, etc 08222007 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State TAMPO 20-4338503 Not Applicable Country Country Ζıp \$8.75 Additional 5. Certificate of Status Desired W-SIM. UNS.A. 33611 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRATST H. BLAKE, Ja. DIS Street Address (P.O. Box Number is Not Acceptable) KELLEY, ARLENE 12207 N. FLORIDA AVENUE TAMPA, FL 33612 3106 BRYSING OBKS changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statemen the obligations of registered agent. (NOTE REQUESTED Agent agreement when reinstatists) SIGNATURE\_ Signature, typed or printed harms of rugisterior agent and bild \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Stection Campaign Financing corporation did not receive the prior notice. Trust Fund Contribution Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete THILE Addition TITLE BLAKE, ERNEST JR DDS NAME NAMÉ STREET ADDRESS STREET ADDRESS 3106 BAYSHORE OAKS DRIVE CITY ST ZIP TAMPA, FL 33611 CITY ST-ZIP PRESIDENT A. FLANT, Ja, On. 3106 MYSMORE IMAS ON. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete TITLE Change ☐ Addition DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Change Addition Delete TITLE TITLE MAME HAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Change Addition TITLE Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP

12. I hereby certify that the information supplies with this firing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on tris report or suppliered tableport is querard 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 in isseed empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if

AME OF SIGNING OFFICER OR DIRECTOR

FENCST H. BLAKE, JA 8-25-07 (813)839-1571

of the corporation or the receiver or trislee changed, or on an attachment with a ladd

AND TYPED OR PRINTED

SIGNATURE:

FILED