2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 006 ***150.00

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1. Entity Name
PAT RICALDE, M.D., D.D.S., P.A.

Principal Place of Business	Mailing Address
3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706	3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
304 S. MacDill Ave.	304 S. MacDill
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33609 Country USA	Zip 33609 Country

4. FEI Number 22-3923165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEIN, HENRY A ESQ. THE STEIN LAW GROUP, P.A. 1607 DR ML KING JR ST NO., SUITE A ST PETERSBURG, FL 33704	Name Pat Ricalde Street Address (P.O. Box Number is Not Acceptable) 3590 Belle Vista Drive East City St Pete Beach FL Zip Code 33706

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] Ricalde 1/18/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD RICALDE, PAT 3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD RICALDE, RUSSELL 3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Ricalde 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #