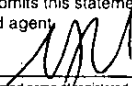
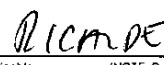
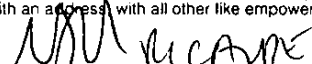


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2007 90036 006 ***150.00

DOCUMENT # P06000046445 1. Entity Name PAT RICALDE, M.D., D.D.S., P.A.					
Principal Place of Business 3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706			Mailing Address 3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box # 304 S. MacDill Ave.		3. Mailing Address 304 S. MacDill Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01182007 Chg-P CR2E034 (12/06)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 22-3923165	
Zip 33609		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current 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				7. Name and Address of New Registered Agent 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: <u></u> <u></u> <u>1/18/07</u> DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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	VPTD RICALDE, RUSSELL 3590 BELLE VISTA DRIVE EAST ST PETERSBURG BEACH, FL 33706	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u></u> <u>1/18/07</u> DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

00000111

