

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115259

Entity Name: AARON MEMON, DMD P.A.

FILED  
Aug 31, 2007  
Secretary of State

**Current Principal Place of Business:**

15121 TAMIAMI TRAIL, SUITE G  
NORTH PORT, FL 34287

**New Principal Place of Business:**

15101 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**Current Mailing Address:**

15121 TAMIAMI TRAIL, SUITE G  
NORTH PORT, FL 34287

**New Mailing Address:**

15101 TAMIAMI TRAIL  
NORTH PORT, FL 34287

FEI Number: 20-5495923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEMON, AARON  
8828 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

MEMON, AARON M DR.  
8828 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 US

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.

SIGNATURE: AARON MEMON

08/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEMON, AARON  
Address: 8828 CYPRESS PLACE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: MEMON, AARON M  
Address: 8828 CYPRESS PLACE  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON MEMON

DR.

08/31/2007

Electronic Signature of Signing Officer or Director

Date