


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90019 036 ***150.00

DOCUMENT # P07000087514

1. Entity Name
ADVANCED DENTAL CENTER, P.A.



Principal Place of Business Mailing Address

12385 SORRENTO ROAD 12385 SORRENTO ROAD
 SUITE B-1 SUITE B-1
 PENSACOLA, FL 32507 US PENSACOLA, FL 32507 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address


6160 N. Davis Hwy **6160 N Davis Hwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pensacola FL **Pensacola FL**

Zip Country Zip Country

32504 **USA** **32504** **USA**



03212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

26-0641769 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

TAYLOR, ANDREW D.D.S. Name **SAME**
 10047 ROOKERY ROAD Street Address (P.O. Box Number is Not Acceptable)
 PENSACOLA, FL 32507 City **FL** Zip Code

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: *Andrew P Taylor* **Andrew P Taylor DOS President** DATE: **3/21/08**

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, 2008 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW D.D.S.	NAME	
STREET ADDRESS	10047 ROOKERY ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW D.D.S.	NAME	
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CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Andrew P Taylor* **Andrew P Taylor** DATE: **3/21/08** DAYTIME PHONE: **850-478-8005**

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