

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104271

FILED
Apr 28, 2008
Secretary of State

Entity Name: NICHOLAS P. BELL, D.D.S., P.A.

Current Principal Place of Business:

2763 STATE ROAD 580
CLEARWATER, FL 33761 US

New Principal Place of Business:

12113 WEST LINEBAUGH AVE
TAMPA, FL 33626 US

Current Mailing Address:

122 SOUTH ROME AVENUE
UNIT #2
TAMPA, FL 33606 US

New Mailing Address:

1200 LAGOON ROAD
TARPON SPRINGS, FL 34689 US

FEI Number: 26-1099661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, NICHOLAS P DDS
122 SOUTH ROME AVENUE
UNIT #2
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BELL, NICHOLAS P DDS
1200 LAGOON ROAD
TARPON SPRINGS, FL 34689 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, NICHOLAS P DDS
Address: 122 SOUTH ROME AVENUE, UNIT #2
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: BELL, NICHOLAS P DDS
Address: 1200 LAGOON ROAD
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: NICHOLAS BELL

DR.

04/28/2008

Electronic Signature of Signing Officer or Director

Date