

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023549

Entity Name: WEITH DENTAL CARE, P.A.

FILED  
May 04, 2007  
Secretary of State

**Current Principal Place of Business:**

3109 W SWANN AVE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3109 W SWANN AVE  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-3235778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEITH, WILLIAM  
5486 FRAIRSWAY DR.  
TAMPA, FL 33624 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: WEITH, WILLIAM PRES  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

Title: DR. ( ) Delete  
Name: WEITH, CAROL C SEC/TRE  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROL C. WEITH

SEC

05/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date